

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

UNITED STATES OF AMERICA,

Plaintiff,
vs
LARRY CHARLES INMAN,
Defendant.

Case No. 1:19-cr-117
Hon. Robert J. Jonker
Hon. Phillip J. Green

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**RESPONSE IN OPPOSITION TO THE GOVERNMENT'S MOTION IN LIMINE TO EXCLUDE
DEFENDANT'S EXPERT WITNESS RE: DIMINISHED CAPACITY DEFENSE AND COUNTER-MOTION
TO EXCLUDE THE GOVERNMENT'S DISCLOSED REBUTTAL EXPERTS**

Now comes Defendant Larry Charles Inman by and through his attorneys of record, NEUMANN LAW GROUP, and in response to the Government's motion in limine to exclude the testimony of Dr. Bruce Baker states as follows:

On August 8, 2019, Defendant Inman served on the Government his 16 page

SUPPLEMENTAL DISCLOSURE RE:NOTICE OF INTENT TO PRESENT EVIDENCE OF DEFENDANT'S
DIMINISHED COGNITIVE ABILITY AS A RESULT OF THE USE OF PRESCRIPTION PAIN MEDICATION

PURSUANT TO R 12.2(b) (Exhibit A). This document was not filed with the Court at the time of service due to obvious privacy reasons while Defendant's various motions to dismiss were pending. It is now being filed in conjunction with Defendant's brief in opposition to the Government's effort to exclude Defendant's expert witness, Dr. Bruce Baker.

Dr. Bruce Baker works in conjunction with a highly regarded drug and alcohol rehabilitation program, Hope Network, based in Grand Rapids. It should first be noted that Representative Inman entered a six week in-patient recovery program at Hope Network on July 17, 2019. He SUCCESSFULLY COMPLETED the program and was discharged on August 27, 2019. Further, after the supplemental notice was filed, Representative Inman signed every release provided to him by the Government. The government then subpoenaed some 1,495 pages of Representative Inman's medical records from Drs. LaFond, Richardson, VanHouzen, Bizon, Lathrop and providers Munson Medical Center and Hope Network (Dr. Bruce Baker). These records date from 2012 to the present.

The Government now moves to exclude the testimony of Dr. Bruce Baker on three basic grounds:

1. Relevance as to Counts 1 and 2 as they are not specific intent crimes.
2. Relevance as to time as they do not relate back to June 3 and June 5, 2018 (the dates charged in the Indictment).
3. The Defendant's disclosure under FRCrP 16 is inadequate as it does not disclose the bases and reasons for Dr. Baker's opinions.

As to the first issue, the Government is simply wrong on the mens rea required by the Defendant to violate the offenses charged in Counts I and II. This issue has been briefed but not yet decided by the Court (ECF 18, PageID.73-77). The Sixth Circuit has been clear that both an alleged violation of the Hobbs Act and an *attempt* to do so are specific intent crimes. *U.S. v. Dabbish*, 708 F.2d. 240 (1983); *U.S. v. Calloway*, 116 F. 3d 1129 (1997). The Sixth Circuit has also held that the charge of Solicitation of a Bribe is a specific intent crime, *U.S. v. Crum*, 195 U.S. App Lexis 15351(1995)(see ECF 18 PageID.87-90). Evidence of diminished mental capacity is relevant evidence when the crimes charged require a specific mens rea, *U.S. v. Kimes*, 246 F.3d 800 (2001). For the government to continue to argue this position in the face of the controlling law is frivolous.

As to the second argument of the Government that the opinions of Dr. Baker do not relate back to last summer, the date of the charged offenses, the government's argument simply ignores the full report of Dr. Baker which identifies all the documents he reviewed in formulating his opinions (Exhibit A (13)). The list of documents encompass 213 pages of the 1,495 pages of medical records produced by Mr. Inman's medical records from various providers all of which have been subpoenaed, Bates stamped and produced back to the defendant by the Government (Government's Seventh Production, HOPE 184 to386). These documents cover a period of time beginning in 2017 through the present. They are replete with references to Mr. Inman's chronic pain condition, regular prescriptions of Hydrocodone, MAPS printouts showing written prescriptions for hydrocodone, soma and other drugs which Dr. Baker point out as being contra- indicated. The records also include Mr. Inman's admission of hoarding pills and taking them in excessive quantities depending on his perception of pain.

Specifically as to the 16 page supplemental notice, the government has been informed that:

1. Dr. Bruce Baker is a licensed physician and an addiction treatment specialist. He is the medical director for Hope Network Center for Recovery. His curriculum vitae is attached to the disclosure. Dr. Baker has been a licensed medical doctor in the state of Michigan since 1982. He also holds a Masters degree in Public Health from the Medical College of Wisconsin. He is a Diplomate of the American Board of Addiction Medicine. He is a certified Medical Review Officer. He is also a Fellow of the American Society of Addiction Medicine.

2. Dr. Baker is the Medical Director of the Cherry Street Southside Clinic which provides medication assisted treatment of opioid addictions. He is also the Medical Director of West Brook Recovery Center and Westbrook North. West Brook Recovery Center in Grand Rapids provides customized living services and residential treatment for individuals struggling with addiction. Dr. Baker is the Medical Director of Our Hope. Our Hope is a similar residential treatment facility for women. Dr. Baker also acts as the Medical Director for Substance Use Disorder at Newaygo Community Mental Health and Centra Wellness of Manistee. One of the bases for Dr. Baker's opinions is his deep educational and work experience with the problems of substance use disorder.

3. Dr. Baker's Initial Assessment of Defendant Inman reveals that he took a medical history of the patient on June 13, 2019, slightly more than a year from the alleged incident. Mr. Inman reported that he was then taking "Norco 4 tablets a day although he does admit to utilizing 12 tablets on occasion." In addition he reported daily doses of four other medications including the insomnia drug Soma and wearing a Fentanyl patch. Dr. Baker reports that that

Mr. Inman revealed “(h)e has been on the fentanyl and Norco *at least for the past two years* and has had difficulty with his cognitive sense as well as some balance issues” (Exhibit A, “Past Medical History”, at p. 10). Mr. Inman also reported using a testosterone gel since 1998. Mr. Inman also revealed that he had not been following the doctor’s prescriptions as to Norco “*which he has been hoarding*” (Exhibit A, p. 10). Mr. Inman also admitted to consuming alcohol in addition to the use of prescription medication. Dr. Baker states, “up to recently, his routine would be 2 vodkas, 2 beers and some wine when he goes out to dinner. This is in addition to the psychotropic medications that he has been prescribed.” Dr. Baker also records a number of surgeries for Mr. Inman on his ankle, an appendectomy and an abdominal abscess repair.

Mr. Inman also reported balance issues, including being unsteady on his feet and tripping. Dr. Baker identified Dr. Richardson and Dr. VanHouzen as Mr. Inman’s treating physicians.

4. Dr. Baker’s Initial Assessment also included a review of lab tests he conducted on Mr. Inman. A drug screen revealed the presence of a Klonopin derivative, a Soma compound, evidence of hydrocodone, alcohol byproducts and fentanyl. Mr. Inman’s drug screen also showed the presence of a Valium derivative. (Note: the Government has these drug screens and they are bates stamped HOPE 139-152)

5. Dr. Baker then ran a MAPS report on Mr. Inman which tracks narcotic prescriptions administered to him over the past two years (HOPE 000135, Exhibit B). Of particular relevance, the MAPS report shows regular and ongoing prescriptions of Hydrocodone (Norco) to the defendant from January of 2018 through June 6 of 2018 and beyond. From the beginning of the year to the date of the incident, defendant Inman had access to 585 doses of Norco. He

also received 360 doses of Clonazepam (Klonopin) which Dr. Baker will testify (per the Supplemental Disclosure) will “amplify the symptomology” of the drugs and when combined with opioids is “similar in effect to heroin.” (Exhibit A, page 2).

6. In addition, Dr. Baker reviewed 10 enumerated sets of records listed on page A13. As mentioned previously, these records include 202 pages of medical records from other providers (HOPE 000184 to 000386). Excerpts from these providers also reveal the defendant’s access to and use of opioids and contra-indicated prescription medications for years, including the month of June of 2018 and thereafter. Dr. Baker points out a Munson Medical Center Discharge Summary of 1/22/ 2018 showing Mr. Inman discharged from the hospital with 34 different medications. “Seven out of 34 are psychoactive.” (Exhibit A, p. 13; Exhibit C (HOPE 247-253)). In addition, Dr. Baker reviewed prescription summaries from Walgreens which also show access by Mr. Inman to opioid and Klonopin medications. Exhibit D (HOPE 000313, 316,328,331,333).

7. Dr. Baker then referred to the DSM – V Substance Use Disorder checklist. DSM is the standard classification of mental disorders used for clinical, research, policy and reimbursement purposes in the United States.

“DSM is the standard classification of mental disorders used for clinical, research, policy, and reimbursement purposes in the United States and elsewhere. It therefore has widespread importance and influence on how disorders are diagnosed, treated, and investigated. Since its first publication in 1952, DSM has been reviewed and revised four times; the criteria in the last version, DSM-IV-TR, were first published in 1994. Since then, knowledge about psychiatric disorders, including substance use disorders, has advanced greatly. To take the advances into account, a new version, DSM-5, was published in 2013. In 2007, APA convened a multidisciplinary team of experts, the DSM-5 Substance-Related Disorders Work Group (Table 1), to identify strengths and problems in the DSM-IV approach to substance use disorders and to recommend improvements for DSM-5.” *Am J Psychiatry, 2013 Aug 1: 170(8); 834-851.*

Dr. Baker concludes that :"Mr. Inman meets 8 of the criteria. The guidelines for diagnosing a severe disorder are the presence of 6 or more of the symptoms within a 12 month period and Mr. Inman demonstrates 8 of the 12" (Exhibit A, p. 14).

Dr. Baker then diagnosed Mr. Inman in his "Assessment" as suffering from:

1. Severe Opioid Use Disorder
2. Severe sedative use disorder
3. Provisional mild alcohol use disorder (Exhibit A, p. 14),

Finally, the supplemental notice ties all of this up with a summary discussion of Dr. Baker's opinions *based* on his review of the above facts and consistent with the DSM manual, an accepted authoritative treatise in the field of psychiatric disorders. (Exhibit A, pps 1-3). The summary of Dr. Baker's opinions discusses the defendant's "long term use of narcotic prescription medications that led to a severe opiate use disorder." The time range in question encompasses the time period of the alleged offense as reflected in the records referred to by Dr. Baker. The basis of his opinions are fully disclosed in his "Initial Assessment" report, the lab testing he conducted, the MAPS report he reviewed, the portions of the 202 pages of medical records he reviewed as specifically identified in his report, the medical history he took from Mr. Inman and his use of a recognized authoritative treatise to assist him in his diagnosis. In addition, the scope of his proposed testimony is highlighted in the summary discussion.

Dr. Baker is not simply a forensic expert for the defense. He is a treating physician of Representative Inman. He placed the defendant in a six week in-patient program where Mr. Inman attended counseling sessions and group therapy 8 hours per day. Mr. Inman was

observed during these sessions and chart notes made. These have all been provided to the government (HOPE 00001 to 000184). These treatment records also support Dr. Baker's opinions in the case. For example, a PsychoSocial Assessment conducted by Dr. Flavio Da Silva of Hope Network on June 13th, 2019 notes:

"Larry has been prescribed Norco for the last 18 months to 2 years. His dosage allows for up to 4 tablets a day but he reports taking less than what was prescribed, for the purpose of storing, as well as taking more than what is prescribed without provider knowledge, 12 to 14 per day. Larry does acknowledge, "I was taking 6 Norco prescribed by my doctor, and maybe 6 more from what I had stored. Furthermore, he reports unsuccessful efforts to cut down or control use on his own." (Exhibit E, HOPE 000118, 000119).

THE GOVERNMENT IS IN POSSESSION OF OTHER RECORDS CONFIRMING LONG TERM OPIOD USE AND USE IN JUNE OF 2018

Besides what is in the Hope Network records, records from other providers, obtained by the government show long term access to prescription narcotics. For example, records obtained by the government via subpoena from Dr. Dan Lathrop show regular Norco prescriptions being written to the defendant for a severe foot and ankle problem for which he had surgery in 2017. (Exhibit F, LATH-0001). Beginning in 2015, Dr. Lathrup was prescribing doses ranging from 125 to 180 tabs every month and a half through January of 2018 (Exhibit F, LATH-0002 to 00031). Dr. Lathrop writes:

"On 5/11/18 I concluded that he is basically a chronic pain patient and that I have done all I can for him to treat him conservatively. I subsequently referred him to

his family Dr. Dr. Russell Van Houston (sic), M.D. I discussed this case with Dr. Van Houston (sic) and he said he would take over Larry's care and terms of pain control." (Exhibit F, LATH-0001).

After the vote on Prevailing Wage in June of 2018, medical records of Dr. Van Houzen indicate that Larry was still regularly consuming Norco. Van Houzen writes:

"This is a follow up visit after being hospitalized January 22 to January 25, 2018. He had an incisional hernia repair which required a huge 15 cm mesh and apparently he could not close the upper segment completely...He saw Dr. LaFond apparently today in his office. He has been taking Norco 10/325 prescribed by Dr. LaFond. They gave him 60 pills he thinks for two weeks. ... He was on 7.5 once a day from Dr. Lathrop and he got 100 pills every 90 days from him. I advised that I could write him a Rx for 7.5 hoping that he could wean down from the 10..."

Dr. Van Housen then prescribed "100 tabs of Norco 7.5/325 one q. 4 hours prn pain. I would prefer not to write another one of those if possible." (Exhibit G, LATH-000040).

In addition, the Government also seized Representative Inman's cell phone and extracted all contents of the phone in preparation of a "Forensic Extraction Report". This is the report they used to find the text messages that they claim violated the federal law. This is a searchable document and, assuming the Government searched for evidence of pain complaints by Representative Inman and/or references to his use of pain medications in an effort to fairly analyze his pre-indictment statements to the FBI that he was suffering from a prescription pain medication addiction, they would have found numerous messages authored by the defendant

regarding his problem. Exhibit H is some select test messages before and after June of 2018 that illustrate the difficulty Representative Inman was having with chronic pain. For example:

H1: On March 22, 2018, Defendant is texting his physician to refill his Narco prescription.

H2: On March 25, 2018, Defendant summarizes the amount of Norco he is receiving from different treaters.

H3: On July 25, 2018, Defendant is complaining about back and leg pain and states, "I have doubled down on pain meds and it's not helping."

H4: On March 26, 2018, Defendant is speaking of pain levels in his right foot to his doctor.

H5-11: On June 9, 2018, (3 days after the vote in question), the defendant is engaging in a series of text discussions about his pain level. He states:

- "It effects my ability to do extensive walking, or physical activity, and its getting worse..."
- "That is causing increasing pain and I wake up at 3 am with extreme lower back pain and extreme pain down my back side of both legs..."
- "I can do some doors (ie: campaigning door to door) but it will cause more pain...I killed my right foot after surgery doing extensive doors to win my first election in a boot cast...it swells pretty good on extensive walking...The drive back and forth to Lansing is killing me..."
- "I'm eating pain pills like a bag of MM..."
- "My entire spinal cord is inflamed and pain pills are not cutting it anymore..."

H12 (June 30, 2018): "On the QT, the nerve back pain that goes down both legs is not getting better..."

H13 (July 25, 2018) : "I am so miserable in my lower back pain and down the back of legs is not getting better. I have doubled up on pain meds and it is not helping..."

H14:(July 25, 2018): "My pain level is 8 out of 10."

H15 (July 16, 2918) : "I am not getting any sleep. Pain pills don't work anymore. And I am on 50 scripts keeping me alive...:

H16 (July 4, 2018) : "Bring pain pills!"

H17 (July 2, 2018): Discussing appointments with several doctors re: back pain.

H18 (July 2, 2018): Discussing "chronic pain".

H19 (July 2, 2018): Same discussion

H20 (July 1, 2018): "...I am at the Hacienda, ice cold beer and Air is set at 70, miss you, love you, Bond needs pain drugs, to many missions getting shot at and falling off tall buildings for MI 6 AKA campaigning, OO7"

The case cited by the government in support of its motion to bar the testimony of Dr. Baker actually is very helpful to support a ruling that he be allowed to testify. Interestingly, it also supports a counter motion by the Defendant to bar the government's rebuttal witnesses from testifying. In *United States v. Davis*, 514 F. 3d 596 (2008), although not reversing the District Court on its decision not to bar the testimony of the government chemist because the defense attorney did not offer another alternative other than barring the testimony of the chemist (ie: a recess to retain his own chemist, etc.) the Sixth Circuit admonished the lower court for allowing

the testimony due to the Government's inadequate disclosure under Rule 16(a)(1)(G). This rule in pertinent part mirrors the requirements of Rule 12.2(b). The Government's disclosure consisted of the results of two chemical tests and a letter that stated "a chemist would testify consistent with the laboratory report." Further the letter stated, "the chemist's testimony will be based on training, including formal education and experience, including having conducted numerous such examinations."

The Court concluded that "had the defendant hired a chemist, he or she would not have been able to analyze the steps that led the government's chemist to their conclusions." The Court set forth the following rationale.

"Rule 16(a)(1)(G) states:

Expert witnesses.-At the defendant's request, the government must give to the defendant a written summary of any testimony that the government intends to use under Rules 702, 703, or 705 of the Federal Rules of Evidence during its case-in-chief at trial. . . . *The summary provided under this subparagraph must describe the witness's opinions, the bases and reasons for those opinions, and the witness's qualifications.*

FED. R. CRIM. P. 16(a)(1)(G). The Advisory Committee Notes ("Notes") for Rule 16 state in relevant part:

[T]he requesting party is entitled to a *summary of the expected testimony*. This provision is intended to permit more complete pretrial preparation by the requesting party. For example, this should inform the requesting party whether the expert will be providing only background information on a particular issue or whether the witness will actually offer an opinion. In some instances, a generic description of the likely witness and that witness's qualifications may be sufficient, e.g., where a DEA laboratory chemist will testify, but it is not clear which particular chemist will be available. FED. R. CRIM. P. 16, Advisory Committee Notes (1993 Amendment). In addition, in order to comply with Rule 16(a)(1)(G), the Notes specifically state that, "*perhaps most important, the requesting party is to be provided with a summary of the bases of the expert's opinion.*" *Id.*

Without regard to whether a party would be entitled to the underlying bases for expert testimony under other provisions of Rule 16, the amendment requires a summary of the bases relied upon by the expert. That should cover not *only written and oral reports, tests, reports,*

and investigations, but any information that might be recognized as a legitimate basis for an opinion under Federal Rule of Evidence 703, including opinions of other experts.

If a party fails to comply with this rule, Rule 16 instructs that the Court "may" do any of four things: (1) "order that party to permit the discovery or inspection; specify its time, place, and manner; and prescribe other just terms and conditions;" (2) "grant a continuance;" (3) "prohibit that party from introducing the undisclosed evidence;" or (4) "enter any other order that is just under the circumstances." FED. R. CRIM. P. 16(d)(2)."

As discussed earlier, defendant's 16 page notice referencing the review of 202 pages of associated medical records, a laboratory test of the defendant, a review of a MAPS printout, a medical history of the defendant, the relevant DSM-V criteria, and a written summary of the expected testimony of Dr. Baker complies with these requirements in all respects. Also the government, as a minimum, is being disingenuous with this Court when it argues that defendant's problem does not "relate back" to the date of the alleged offenses. Not only does Dr. Baker speak to a "long term" abuse of opioids dating back at least two years, the Government, through its extensive discovery of over 1400 pages of defendants medical records and the entire contents of defendant's phone, knows or should know, the defendant had a serious, long term prescription opioid medication problem that he was complaining about both before and after the vote in question.

All this information that has been made available to the Government and that which they have seized by search warrant, makes the notice it provided to defendant regarding its potential rebuttal witnesses defective and disingenuous.

GOVERNMENT REBUTTAL WITNESSES PROVIDE CURSORY SUMMARY OPINIONS AND NO FACTS OR BASES IN THEIR NOTICE

On November 1, 2019, the Defense received correspondence from the Government purporting to be its “disclosure” of rebuttal experts. It states:

“I will not be able to provide more detail regarding the opinions of our rebuttal experts until I receive a sufficient disclosure of the bases and reasons for Dr. Baker’s opinions...

and, Dr. Berland, board certified in internal medicine and addiction medicine, is expected to testify that the combination of controlled substances that your client took on a long-term basis would not cause a diminishment in his cognitive capacity such that he could not form the specific intent to commit the subject offense(s)...”

and, Similarly, Dr. Judge, an emergency medicine physician certified in toxicology is expected to testify about the chemical properties of these drugs alone, or in combination with each other, and how many individuals taking these combinations of drugs on a long-term basis are able to carry out normal activities.” (Exhibit I).

This totally deficient notice tracks fairly closely with the defective notice in *Davis* above. Do you mean to say that the extreme intrusion into the Defendant’s medical records encompassing over 1400 pages of medical records, the MAPS documents, the Walgreen records, the 202 pages of treatment records from Hope Network, the doctor’s notes documenting their concerns with the long term use of Norco by the defendant, the Initial Assessment by Dr. Baker, the reference to the appropriate DSM-V criteria and the numerous relevant text messages that they seized from Representative Inman’s which state, among other things:

“I have doubled down on pain meds and it’s not helping.”

“I’m eating pain pills like a bag of MM...”

"My entire spinal cord is inflamed and pain pills are not cutting it anymore..."

"I am not getting any sleep. Pain pills don't work anymore. And I am on 50 scripts keeping me alive...

do not provide enough information for either of the Government's "addiction specialists" to draw any conclusions of substance? Where is their review of the facts? Where is their initial assessment? Where is there counter analysis that someone who is hording prescription pain medication and "doubling down" on their dosing does not have a "severe opioid use disorder"? How does Dr. Berland or Dr. Judge explain that someone who has admitted to taking 10 to 12 Norcos per day plus Klonpin plus Soma plus consuming alcohol daily has no potential for having some diminishment in their cognitive and functional abilities? If that is their opinions, please cite the defense to the DSM-V criteria that supports this opinion.

Frankly, it sounds like these two "experts" have reviewed nothing and are just being "kept on the shelf" by the government until they might be needed. Then their opinions can be sprung on the defense at trial. There is plenty of information, data, bases and opinion for these two experts to formulate some opinions. In fact, the defense has offered to let the government interview Dr. Baker (Exhibit I). Of course, this invitation has not been accepted because the government was always dismissive of Representative Inman's problems when it was first raised and disclosed pre-Indictment.

The Court should require both of these two government experts to immediately produce their notes or any other documentation to show they have reviewed anything. All the defense has is a letter from Counsel. Not one attachment from either of these two experts was attached to show that they have done anything in this case.

In addition, the Court should bar the government's rebuttal witness testimony based on a failure to properly disclose anything about their opinions in the face of defendant's request under Rule 16(g) as far back as May 15, 2019 (Exhibit J) and the substantial data that has been produced and seized in this matter.

November 10, 2019

Respectfully,



Christopher K. Cooke (P35034)

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

UNITED STATES OF AMERICA,

Plaintiff,
vs
LARRY CHARLES INMAN,
Defendant.

Case No. 1:19-cr-117
Hon. Robert J. Jonker
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**SUPPLEMEMNTAL DISCLOSURE RE :NOTICE OF INTENT TO PRESENT
EVIDENCE OF DEFENDANT'S DIMINISHED COGNITIVE ABILITY AS A RESULT
OF THE USE OF PRESCRIPTION PAIN MEDICATION PURSUANT TO R 12.2(b)**

Now comes the Defendant, Larry Charles Inman, by and through his attorneys of record, NEUMANN LAW GROUP, and, pursuant to the Court's Standing Order Regarding Discovery in Criminal Cases, hereby, provides supplemental disclosure regarding Defendant's intention to present expert testimony and related evidence of diminished cognitive ability bearing on the issue of whether or not defendant had the requisite mental state required for the charged offenses.

Defendant will call Dr. Bruce Baker, 10809 Long Road, Howard City, MI 49329. Dr. Baker is an addiction treatment specialist and, among other things, is the medical director of Hope Network Center for Recovery, 3210 Eagle Run Dr NE, Suite 200, Grand Rapids, MI 49525. Dr. Baker will testify about the Defendant's long term use of narcotic prescription medications along with other prescribed medications that led to a severe opiate use disorder, a provisional mild sedative disorder and a mild alcohol disorder (please see his "Initial Assessment" attached herewith). Dr. Baker will also discuss the symptomology of the disorder and how it affected the cognitive understanding and intent of the defendant, including, among other things feelings of grandiosity, memory lapses, illogical thoughts or moods and inappropriate aggressiveness. Dr. Baker will testify that the defendant was totally influenced by the medications that were legally dispensed but ingested contrary to the prescriptions. The defendant was hoarding the drugs, particularly Norco, and ingesting them in large doses to deal with what he perceived to be unbearable back pain. Dr. Baker will testify that one sequela of the disorder is the brain calling for more of the drug by amplifying or creating feelings of pain that are not present so the patient will ingest more of the drug.

Dr. Baker will also testify that the defendant took other medications that worked in combination with the opioids to amplify the symptomology such as the sleep aid, Soma which is a mood altering drug which, in combination with opioids is similar in effect as heroin would be. These drugs and combinations of drugs affected the defendant's cognitive abilities tremendously to the point that he would say and do things he would otherwise not do in an unaffected state. These drugs also affected the defendant's ability to properly perceive incoming and outgoing stimuli.



Dr. Baker will further testify that the defendant was prescribed 34 medications and supplements upon his discharge from Munson many of which were counter-indicated or when taken in combination with one another would tend to heighten the negative effects of the narcotic medications. Further, as patients age their sensitivity to these types of drugs and alcohol is lowered making them more susceptible to the deleterious effects of the drugs and the potential to develop a drug use disorder.

Dr. Baker has also had experience with patients who have suffered from this disorder and who have said and done things while under the effect of these medications that were totally out of character for them and led to bad consequences. Dr. Baker is of the opinion that the medications and combinations of medications taken by the Defendant effected his cognitive abilities and altered the defendant's rational thought patterns and actions.

Dr. Baker will also testify that the defendant has entered a 10 week inpatient program at Hope Network. He will testify about the type of treatment, the requirements of the program, the defendant's performance in the program and associated matters.

Please see the attached resume and Initial Assessment by Dr. Baker.

August 8, 2019

Respectfully,


Christopher K. Cooke (P35034)
Neumann Law Group, PLLC

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FAX COVER SHEET

To Chris Cooper Date 7/11/19

Fax # 231-221-0051 No. of pages to follow 4

From Dr. Baker
Newaygo County Mental Health, 1049 Newell
PO Box 867, White Cloud MI 49349
231.689.7330 - fax, 231.689.7345

Message

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Mission statement: To improve and promote the wellness and recovery of persons with mental health or behavioral healthcare needs and/or intellectual/developmental disabilities, who reside in Newaygo County and surrounding communities, through the provision of integrated, person-centered and trauma-informed services.

Policy 6JS.103



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PAGE 02/05
1 / 4**BRUCE H. BAKER, MD**

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 Howard City, MI 49329
 Home: 231.997.8408 Cell: 231.629.1778

CURRICULUM VITAE**Education**

Medical College of Wisconsin <i>Graduate School Masters in Public Health</i>	2001-2009
Duke University Medical School <i>Residency Anesthesia</i> <i>Chief Resident – 1982</i>	1980-1982
Maricopa County General Hospital <i>Internship Rotating Internship</i>	1979-1980
Michigan State University <i>Medical School</i> <i>College of Human Medicine, MD</i>	1975-1979
Michigan State University <i>Undergraduate Studies</i> <i>Major: Chemistry Minor: Philosophy</i>	1971-1975

Certifications

American Board of Addiction Medicine Diplomate	2005-Present
Certified Medical Review Officer	2000-Present
American Board of Anesthesiology Diplomate	1984-Present
Fellow American Society of Addiction Medicine	Present



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PAGE 03/05
2 / 4**BRUCE H. BAKER, MD**10809 Long Road
Howard City, MI 49329
Home: 231.937.8408 Cell: 231.829.1776**Professional Activities**

Staff Physician/Certified Medical Review Officer Med-1 Occupational Health Services Kentwood, Michigan	1999-2005
Associate Clinical Professor Michigan State University East Lansing, Michigan	1988-1998
Director Transitional Year Residency Program Saint Mary's Hospital Grand Rapids, Michigan	1984-1996
Medical Education Committee Saint Mary's Health Services Grand Rapids, Michigan	1984-1998
Assistant Clinical Professor Michigan State University East Lansing, Michigan	1983-1988
Chairman Anesthesia Ferguson Hospital Grand Rapids, Michigan	1983-1988
Staff Anesthesiologist Saint Mary's Hospital Grand Rapids, Michigan	1982-1998
Staff Anesthesiologist Ferguson Hospital Grand Rapids, Michigan	1982-1988

Professional Organizations

Michigan State Medical Society
 Kent County Medical Society
 American College of Occupational and Environmental Medicine
 American Society of Addiction Medicine
 Medical Review Officer Certification Council

07/11/2019 08:30 2316897500
07-10-19;02:56PM;

NEWAYGOCH

1123

PAGE 04/05
3/ 4**BRUCE H. BAKER, MD**10009 Long Road
Howard City, MI 49329
Home: 231.637.8408 Cell: 231.629.1778**Employment**

Cherry Street Southside Clinic Medication Assisted Treatment Medical Director	2016-Present
West Brook Recovery Center Medical Director	February 2008-Present
West Brook North Medical Director	2012-Present
Ottagon Addictions and Rehabilitation Medical Director	2010-2015
Pine Rest Christian Hospital Courtesy Staff	2004-Present
Salvation Army Turning Point Subacute Detoxification Medical Director	2011-2012
Saint Mary's Hospital Courtesy Staff	2004-2012
Our Hope Medical Director	2016-Present
Occupational Medicine Physician Plastechs Engineering	2007-2009
Occupational Medicine Physician Meridian Automotive	2006-2009
Director of Occupational/Travel Medicine Wolverine Worldwide International	2005-2009
Occupational Medicine Physician Haworth International	2004-2009
Occupational Medicine Physician Johnson Controls International	2003-2009



07/11/2019 08:30 2316897500
07-10-19;02:56PM;

NEWAYGOONH

;123

PAGE 05/05
4 / 4**BRUCE H. BAKER, MD**10809 Long Road
Howard City, MI 49329
Home: 231.937.9408 Cell: 231.629.1776**Employment (continued)**

Occupational Medicine Physician Flex Fab International	2003-2009
West Michigan Addiction Consultants, PC Acting Medical Director	2007-2008
Occupational Medicine Physician Interface Fabrics	2001-2004
Newaygo Community Mental Health Medical Director Substance Use Disorder	2014 - Present
Cherry Health Medical Director Medication Assisted Treatment Program	2013 - Present
Centra Wellness Ministries Medical Director Substance Use Disorder	Present

Publications

"Early Use of PEEP Prevent Lung Water Accumulation During Volume Infusion." R.W. McIntyre, B.H. Baker, M. McLoed, J.N. Miller, Scientific Paper Presentation, American Society of Anesthesiologists, 1982.

Hobbies

Scuba Diving, Photography, Stained Glass, Hiking, Bicycling



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3210 Eagle Run Dr, NE
Suite 200
Grand Rapids, MI 49525

Phone: 616-279-3725
Fax: 616-279-3723

FAX COVER SHEET

TO: *Attorney Chris Cook*

FROM: *Hope Network*

DATE: *July 17, 2019*

FAX #: *231-221-0051*

REGARDING: *Assessment*

PAGES INCLUDING COVER: *7*

Comments:

This document contains confidential information and is protected by Federal Confidentiality rules (42 CFR Part 2). Please destroy this information if received in error on your fax machine. Please kindly notify Hope Network Center for Recovery at 616-957-1200.



**HOPE NETWORK
INITIAL ASSESSMENT**

NAME: INMAN, LARRY
DATE: June 13, 2019

Mr. Inman is here today for an independent review of his present situation. He was informed that this is not a therapeutic session and that I will make recommendations at the conclusion. It will be up to Larry whether he desires to have me assist him should he require assistance.

HISTORY OF PRESENT ILLNESS:

Larry is a 65-year-old Caucasian male, who presents today needing some assistance with his medication issues. His issues began in August of last year when he inappropriately texted a message to one of the lobbyists. I do not have the content of that text message, but the message essentially stated Mr. Inman was requesting a \$30,000 check. This was conveyed to Lisa, who was one of the lobbyists. Lisa became upset and notified the FBI and they became involved secondary to the text message that he sent to the lobbyist. There is also issues of how he wrote it at that time and we do not have the details of that nor are they that important to the present situation. Mr. Inman has received monetary reimbursement for his campaigns prior to this from the same individual. Once the FBI became involved, he contacted an attorney and realized that there are some significant issues that need to be addressed.

PAST MEDICAL HISTORY:

Medications that Mr. Inman takes at this time include the following: Norco up to 4 tablets a day although he does admit to utilizing 12 tablets on occasion, Klonopin 0.5 mg 1 to 2 tablets at bedtime as needed, Soma compound 1 tablet at bedtime, Robaxin 1 tablet at bedtime, Benadryl up to 4 capsules at night, and fentanyl patches 25 mcg patches changed every 3 days. He has been on the fentanyl and Norco at least for the past two years and has had difficulty with his cognitive sense as well as some balance issues. Larry's medical history is complicated, but the highlights include a diagnosis of diabetes for the past 12 years and he is taking oral medications for it. His last hemoglobin A1c was 7.02 and he is under the care of a new internist, Dr. Mark Richardson. He also has glaucoma, which is under control at this time and does use eyedrops for it. He has been treated for hypogonadism since 1998 utilizing testosterone gel. He does see a chiropractor for his back and he has had excellent results for the past 4 to 5 months regarding its use. Larry is willing to do whatever it takes as his use of medications have been following the doctor's direction except for the use of the Norco, which he has been hoarding.

SUBSTANCE USE HISTORY:

Regarding first use of mood altering substances, Mr. Inman's first drink occurred at the age of 18. He stated that he had tried marijuana in college and did not find it agreeable and has not used since. He has never attempted to use cocaine and he has not used any hallucinogenic compounds. He is a nonsmoker. However, he does continue to drink and states that up until recently, his routine would be 2 vodkas, 2 beers and some wine when he goes out for dinner. This is in addition to the psychotropic medications that he has been prescribed.

ALLERGIES TO MEDICATIONS:

Ambien, Norvasc, and esmolol.

SURGERIES:

The surgeries that he has encountered includes an ankle surgery which was his first surgery ever in 2014 when he tripped. He also had in 2012 he had an appendectomy and an abdominal hernia repair. Unfortunately, it resulted in a bowel tear and an abdominal abscess requiring more surgeries and a significant amount of discomfort.

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NAME: INMAN, LARRY

DATE: 06/13/2019

Page 2

SUBSTANCE ABUSE TREATMENT:

Larry has never received any substance use treatment as it has never been identified as being an issue for him until recently. He states that he has been unsteady on his feet for a number of months and also is having difficulty with his balance. He states that he has been tripping more than usual and feels as though he is falling over his feet.

FAMILY PHYSICIAN:

Dr. Van Houzen has retired and he is now being seen by Dr. Mark Richardson in the Traverse City area. Dr. Richardson declined any further treatment for Mr. Inman given the information thus far.

SOCIAL HISTORY:

Mr. Inman was born in Detroit, Michigan and took up residence in Traverse City since the age of 18. He graduated from Trenton High School in 1972 on time in the middle of his class. He then attended North West Michigan College where his major was law enforcement. He transferred to Northern Michigan University in Marquette after 2 years and did complete his degree at that time. Unfortunately, during this time period there were minimal jobs available for law enforcement and very few jobs for new graduates. Larry then interviewed with the FBI hoping to secure a spot. Unfortunately, the rules at that time were such that only a CPA or a lawyer could be an FBI agent. He then went into business working at Pine Rest National from 1979 for 20 years as a loan adjuster and a vice president of commercial loans. He then transferred to Huntington Bank in 2008 and worked there until 1998. Larry ran for county commissioner in 1998 and to his surprise won for the House of Representatives in the 104th District.

FAMILY HISTORY:

He is 1 of 3 children: his father died recently of a myocardial infarction, his mother died recently at the age of 77 with a ruptured abdominal aneurysm, his brother died of a myocardial infarction and his sister died of emphysema all within a 1-1/2 year period. Larry has no military service.

OBSERVATIONS:

Larry is a well-developed, well-nourished, Caucasian male, in no acute distress. There was no evidence of minimization, rationalization or justification for his drug use. He was open and honest regarding his use of substances. There was no evidence of delusional thinking, thought process disorder or hallucinations. Recent memory was intact, however, long-term memory seemed to be cloudy at times and he was tangential on a number of occasions. His eye contact was excellent and his cadence appropriate.

LABORATORY DATA:

Urine drug screen report dated 06/13/2019 was positive for the following drugs: aminoclonazepam, which is a Klonopin derivative, carisoprodol which is the Soma compound that he has been prescribed, dihydrate codeine which is consistent with the hydrocodone, ETG and ETS demonstrating use of alcohol, and he states that he has had 2 beers a day for the past 30 years. However, he is willing to stop using it and we will certainly be monitoring his ethyl glucuronide and ethyl sulfate going forward. It was positive for fentanyl and its metabolites. The hydrocodone was also positive along with hydromorphone, which can be a derivative of hydrocodone. He is also positive for nordazepam as well as temazepam and oxazepam, which were all consistent with Valium. He states he has not had any Valium that he is aware of. He was in the hospital approximately 4 months ago. This would be unusual but not impossible to continue to maintain a measurable level of these medications. His validity testing demonstrate a normal drug screen.

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NAME: INMAN, LARRY

DATE: 06/13/2019

Page 3

MAPS REPORT:

His MAPS report was reviewed in detail. It is consistent with his narrative in all respects. It is significant that he is filling his Soma compound on the first day possible for a refill. His use of Klonopin, Soma, Vicodin, and fentanyl are all well represented on his MAPS report dated today.

ASSESSMENT:

1. Severe opiate use disorder
2. Provisional mild sedative hypnotic disorder,
3. Provisional mild alcohol use disorder.

PLAN:

1. The patient desires to continue with this physician for his treatment.
2. I have asked Larry to cut back the Klonopin from 1 mg at bedtime to 0.5 mg.
3. He is going to stop utilizing the Soma compound and Robaxin completely. His doses are low enough that no taper is required.
4. I have asked him to continue with the opiates as we begin to stabilize his brain from the prolonged benzodiazepine use.
5. He is not to drink at all and he does understand this going forward.
6. Return to clinic in 2 weeks and begin counseling here at Hope Network.

I look forward to seeing Larry in approximately 2 weeks and he has my cell phone number should there be any issues.

Electronically Signed - 07/16/2019 01:35 PM

Bruce H. Baker, MD

BHB/vn/5138213

DD: 6/21/2019 02:23 P.M.

DT: 6/21/2019 06:27 P.M.

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NAME: INMAN, LARRY
CHART NOTE:

June 24, 2019

The following documents were reviewed in detail.

1. The first document was dated 08/21/2016 to 08/22/2016, which is a hospital summary of his stay at Munson.
2. Next is a visit from 08/31/2016 to 09/1/2016 from Munson Hospital. It reflects normal liver function studies.
3. On 09/14/2016, Munson Hospital.
3. 07/6/2017, three radiology reports, Munson Hospital.
4. 07/25/2017 surgery report. Munson Hospital Summary 01/22/2018. Discharged at that time on 34 different medications. Seven out of 34 are psychoactive.
5. Radiology report 01/2/2018.
6. Surgical Associates 01/14/2018.
7. Munson Hospital 01/22/2018, which is a surgical report.
8. 08/11/2018 radiology reports.
9. 09/25/2018 University of Michigan Dr. Park report and 10/31/2018 a letter from Dr. Van Houzen, MAPS report confirms his narrative as there was no missing documentation or explanations.
10. The prescription summaries from Walgreen's were reviewed and the date of the summary was 06/4/2019. There were 2 providers prescribing opiates 01/04/2018 where he received 125 of 7.5 Norco and then on 01/24/2018 received #60 of 10 mg Norco. He also received fentanyl patches 25 mcg beginning 10/31/2018 utilizing 1 patch every 3 days which is appropriate.

Electronically Signed - 07/16/2019 01:35 PM

Bruce H. Baker, MD

BHB/kg/5140276

DD: 6/24/2019 01:29 P.M.

DT: 6/24/2019 08:55 P.M.

This information has been disclosed to your attorney, records reviewed by Federal Defendants under 42 CFR Part 2. The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT SUFFICIENT for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.



NAME: INMAN, LARRY
CHART NOTE:

June 24, 2019

The DSM-V Substance Use Disorder checklist was reviewed. The following criteria Mr. Inman's meets:

Criteria 1: The individual may take the substance in large amounts over a longer period than what was originally intended.

Criteria 4: Craving as manifested by an intense desire or urge for the drug that may occur at any time, but is more likely in an environment where the drug previously was obtained or used.

Criteria 5: Recurrent substance use may result in failure to fulfill major role obligations at work, school, at home.

Criteria 6: The individual may continue substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.

Criteria 7: Important social, occupational, recreational activities may be given up or reduced because of the substance use.

Criteria 8: This may take the form of recurrent substance use in situations in which is physically hazardous.

Criteria 10: Tolerance is signaled by requiring a markedly increased dose of the substance to achieve the desired effect or markedly reduce affect when the usual dose is consumed and

Criteria 11: Withdrawal is a syndrome that occurs when blood or tissue concentrations of a substance decline in an individual who has maintained prolonged use of the substance.

Mr. Inman meets 8 of the criteria. The guidelines for diagnosing a severe disorder are the presence of 6 or more of these symptoms within a 12 month period and Mr. Inman demonstrates 8 of the 12.

ASSESSMENT:

1. Severe opiate use disorder.
2. Severe sedative use disorder.
3. Provisional mild alcohol use disorder.

Electronically Signed - 07/16/2019 01:35 PM

Bruce H. Baker, MD

BHB/kg/5140293

DD: 6/24/2019 01:35 P.M.

DT: 6/24/2019 09:14 P.M.

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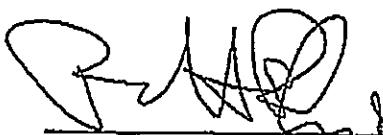


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Summary

Mr. Larry Inman sent an inappropriate text message to Lisa (lobbyist) regarding finances. Mr. Inman has been evaluated and awaiting treatment for possible extortion secondary to his text message.

Mr. Inman has been under the care of Dr. Van Houzen in Traverse City for years prior to his recent retirement. The care rendered to Mr. Inman consisted of seven different psychoactive substances at the time of his texting. Difficulty arises with causality of his inappropriate request, as he was utilizing opiates, muscle relaxants, sedatives (benzodiazepines), and ingesting alcohol as he has done routinely in the past.


Bruce H. Baker, MD
BHB/mnw

Date: 07/16/19

Grand Rapids:
3210 Eagle Run Drive N1
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Conclusion

Mr. Larry Inman has been under the regulatory care of Dr. Van Houzen for his chronic pain and general health. Mr. Inman has been prescribed seven different psychotropic substances.

Mr. Inman inappropriately communicated with a lobbyist while utilizing the medication. The medications are not compatible with long-term use in human beings. Mr. Inman continued to ingest alcohol in his usual fashion. The combination of age (less tolerance to alcohol), medication used, and hoarding of opiates have been detrimental to Mr. Inman's profession as well as his freedom.



Bruce H. Baker, MD
BHB/mnw

Date:

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Fax: 616.279.3722

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EXHIBIT B

HOPE NETWORK
MAPS

Menu

Karen Dalestra

RxSearch > Patient Request

Larry Inman, 65M

Narx Resources

Date: 08/13/2018

Support: 844-364-4767 (tel:8443644767)
Powered by NarxCare**MAPS**Download CSV (https://michigan.pmpaware.net/rx_search_requests/134385077/csv) Download PDF

Larry Inman

Risk Indicators

NARX SCORES

Narcotic	Sedative	Stimulant
540	582	000

OVERDOSE RISK SCORE

370

(Range 000-999)

ADDITIONAL RISK INDICATORS (1)

>= 5 opioid or sedative providers in any year in the last 2 years

Explanation and Guidance (/narx-

Explanation and Guidance (/narx-

Explanation and Guidance (/narx-

This NarxCare report is based on search criteria supplied and the data entered by the dispensing pharmacy. For more information about any prescription, please contact the dispensing pharmacy or the prescriber. NarxCare scores and reports are intended to aid, not replace, medical decision making. None of the information presented should be used as sole justification for providing or refusing to provide medications. The information on this report is not warranted as accurate or complete.

Graphs

RX GRAPH



Narcotic



Sedative

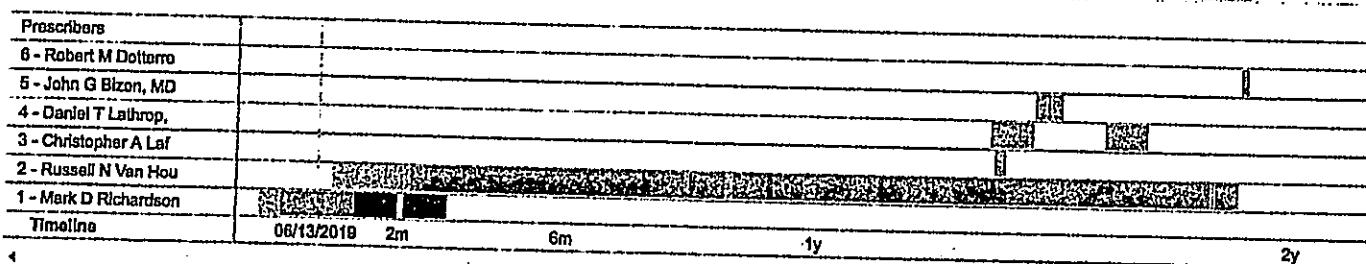


Stimulant

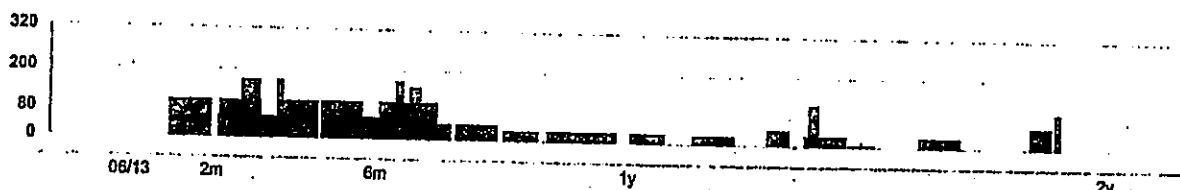


Other

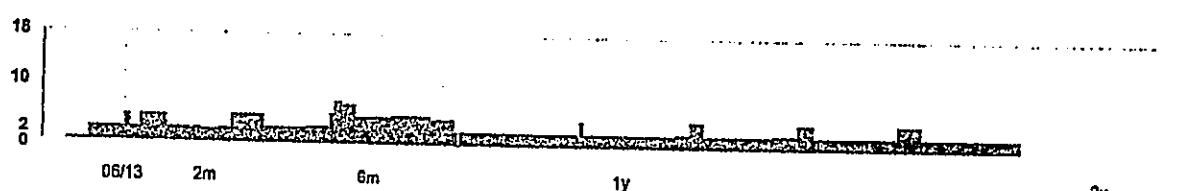
All Prescribers



Morphine MgEq (MME)



Lorazepam MgEq (LME)



HOPE-000136

*Per CDC guidance, the MME conversion factors prescribed are provided as part of the medication-assisted treatment for opioid use disorder should not be used to benchmark against dosage thresholds meant for opioids prescribed for pain. Butorphanol products have no agreed upon morphine equivalency, as partial opioid agonists, are not expected to be associated with overdose risk in the same dose-dependent manner as doses for full agonist opioids. MME = morphine milligram equivalents. LME = Lorazepam milligram equivalents. mg = dose in milligrams.

Summary

Summary	Narcotics* (excluding buprenorphine)			Sedatives*			Buprenorphine*		
	Total Prescriptions:	Current Qty:	Current MME/day:	Total Prescribers:	Current Qty:	Current LME/day:	Total Pharmacies:	Current Qty:	Current mg/day:
49	0	0.00	7.00	91	2.28	1.75	0	0.00	0.00
6									
1									

Rx Data

PRESCRIPTIONS

Total Prescriptions: 49

Total Private Pay: 0

Fill Date	ID	Written	Drug	Qty	Days	Prescriber	Rx #	Pharmacy	Refill	Daily Dose *	Pymt Type	PMP
06/09/2019	1	05/13/2019	Clonazepam 0.5 Mg Tablet	60	30	Ma Ric	648231	Wal (0304)	1	2.00 LME	Comm Ins	MI
05/13/2019	1	05/13/2019	Clonazepam 0.5 Mg Tablet	60	30	Ma Ric	648231	Wal (0304)	0	2.00 LME	Comm Ins	MI
04/26/2019	1	04/18/2019	Carisoprodol 350 Mg Tablet	90	90	Ma Ric	642901	Wal (0304)	1	0.28 LME	Comm Ins	MI
04/18/2019	1	04/18/2019	Carisoprodol 350 Mg Tablet	5	5	Ma Ric	642901	Wal (0304)	0	0.28 LME	Comm Ins	MI
04/16/2019	1	04/15/2019	Hydrocodone-Acetamin 7.5-325	180	30	Ma Ric	642128	Wal (0304)	0	45.00 MME	Comm Ins	MI
04/16/2019	1	04/15/2019	Fentanyl 25 Mcg/hr Patch	10	30	Ma Ric	642120	Wal (0304)	0	60.00 MME	Comm Ins	MI
03/11/2019	1	03/10/2019	Fentanyl 25 Mcg/hr Patch	10	30	Ma Ric	633900	Wal (0304)	0	60.00 MME	Comm Ins	MI
03/10/2019	1	03/10/2019	Hydrocodone-Acetamin 7.5-325	180	30	Ma Ric	633901	Wal (0304)	0	45.00 MME	Comm Ins	MI
03/03/2019	1	12/26/2018	Clonazepam 0.5 Mg Tablet	180	90	Ru Van	617837	Wal (0304)	1	2.00 LME	Comm Ins	MI
02/22/2019	1	01/21/2019	Fentanyl 25 Mcg/hr Patch	10	30	Ru Van	630606	Wal (0304)	0	60.00 MME	Comm Ins	MI
01/27/2019	1	01/27/2019	Hydrocodone-Acetamin 7.5-325	180	30	Ru Van	624711	Wal (0304)	0	45.00 MME	Comm Ins	MI
01/27/2019	1	01/27/2019	Fentanyl 25 Mcg/hr Patch	10	30	Ru Van	624710	Wal (0304)	0	60.00 MME	Comm Ins	MI
01/05/2019	1	10/31/2018	Carisoprodol 350 Mg Tablet	90	90	Ru Van	605494	Wal (0304)	1	0.28 LME	Comm Ins	MI
12/26/2018	1	12/26/2018	Clonazepam 0.5 Mg Tablet	180	90	Ru Van	617837	Wal (0304)	0	2.00 LME	Comm Ins	MI
12/26/2018	1	11/26/2018	Fentanyl 25 Mcg/hr Patch	10	30	Ru Van	617590	Wal (0304)	0	60.00 MME	Comm Ins	MI
12/26/2018	1	11/26/2018	Hydrocodone-Acetamin 7.5-325	180	30	Ru Van	617589	Wal (0304)	0	45.00 MME	Comm Ins	MI
12/26/2018	1	08/31/2018	Carisoprodol 250 Mg Tablet	90	90	Ru Van	590843	Wal (0304)	1	0.20 LME	Comm Ins	MI
11/26/2018	1	11/26/2018	Fentanyl 25 Mcg/hr Patch	10	30	Ru Van	610901	Wal (0304)	0	60.00 MME	Comm Ins	MI
11/13/2018	1	10/31/2018	Hydrocodone-Acetamin 7.5-325	180	30	Ru Van	605497	Wal (0304)	0	45.00 MME	Comm Ins	MI
11/01/2018	1	10/31/2018	Carisoprodol 350 Mg Tablet	90	90	Ru Van	605494	Wal (0304)	0	0.28 LME	Comm Ins	MI
11/01/2018	1	10/31/2018	Fentanyl 25 Mcg/hr Patch	10	30	Ru Van	605495	Wal (0304)	0	60.00 MME	Comm Ins	MI
10/22/2018	1	09/14/2018	Hydrocodone-Acetamin 7.5-325	180	30	Ru Van	602734	Wal (0304)	0	45.00 MME	Comm Ins	MI
10/15/2018	1	06/25/2018	Clonazepam 0.5 Mg Tablet	180	90	Ru Van	601148	Wal (0304)	0	2.00 LME	Comm Ins	MI
10/12/2018	1	06/25/2018	Clonazepam 1 Mg Tablet	90	90	Ru Van	579728	Wal (0304)	1	2.00 LME	Comm Ins	MI
09/18/2018	1	09/18/2018	Hydrocodone-Acetamin 7.5-325	180	30	Ru Van	594740	Wal (0304)	0	45.00 MME	Comm Ins	MI
08/31/2018	1	08/31/2018	Carisoprodol 250 Mg Tablet	90	90	Ru Van	590843	Wal (0304)	0	0.20 LME	Comm Ins	MI
08/19/2018	1	07/18/2018	Hydrocodone-Acetamin 7.5-325	100	25	Ru Van	588125	Wal (0304)	0	30.00 MME	Comm Ins	MI
07/18/2018	1	07/18/2018	Hydrocodone-Acetamin 7.5-325	100	25	Ru Van	581085	Wal (0304)	0	30.00 MME	Comm Ins	MI
07/12/2018	1	06/25/2018	Clonazepam 1 Mg Tablet	90	90	Ru Van	579728	Wal (0304)	0	2.00 LME	Comm Ins	MI
06/25/2018	1	06/25/2018	Androgel 1.62% Gel Pump	450	90	Ru Van	575794	Wal (0304)	0		Comm Ins	MI
06/23/2018	1	05/18/2018	Hydrocodone-Acetamin 7.5-325	100	25	Ru Van	575792	Wal (0304)	0	30.00 MME	Comm Ins	MI
05/18/2018	1	05/18/2018	Hydrocodone-Acetamin 7.5-325	100	25	Ru Van	568122	Wal (0304)	0	30.00 MME	Comm Ins	MI
04/15/2018	1	01/24/2018	Clonazepam 0.5 Mg Tablet	180	90	Ru Van	560670	Wal (0304)	0	2.00 LME	Comm Ins	MI
04/15/2018	1	01/15/2018	Carisoprodol 250 Mg Tablet	90	90	Ru Van	545657	Wal (0304)	1	0.20 LME	Comm Ins	MI
03/28/2018	1	03/28/2018	Hydrocodone-Acetamin 7.5-325	100	30	Ru Van	557062	Wal (0304)	0	25.00 MME	Comm Ins	MI
02/16/2018	1	02/02/2018	Hydrocodone-Acetamin 7.5-325	100	16	Ru Van	548530	Wal (0304)	0	46.88 MME	Comm Ins	MI
02/04/2018	1	01/15/2018	Carisoprodol 250 Mg Tablet	90	90	Ru Van	545657	Wal (0304)	0	0.20 LME	Comm Ins	MI
01/25/2018	1	01/25/2018	Hydrocodone-Acetamin 10-325 Mg	60	7	Ch Laf	543625	Wal (0304)	0	85.71 MME	Comm Ins	MI
01/24/2018	1	01/24/2018	Clonazepam 0.5 Mg Tablet	180	90	Ru Van	543407	Wal (0304)	0	2.00 LME	Comm Ins	MI
01/05/2018	1	01/04/2018	Hydrocodone-Acetamin 7.5-325	125	30	Da Lat	539121	Wal (0304)	0	31.25 MME	Comm Ins	MI

Fill Date	ID	Written	Drug	Qty	Days	Prescriber	Rx #	F. Lacy	Refill	Daily Dose *	Pymt Type	PMP
12/24/2017	1	12/13/2017	Promethazine-Codine Syrup	240	10	Jo Blz	534935	Wal (0304)	1	7.20 MME	Comm Ins	MI
12/15/2017	1	12/13/2017	Promethazine-Codine Syrup	240	10	Jo Blz	534935	Wal (0304)	0	7.20 MME	Comm Ins	MI
11/25/2017	1	08/25/2017	Carisoprodol 250 Mg Tablet	80	90	Ru Van	509407	Wal (0304)	1	0.20 LME	Comm Ins	MI
11/06/2017	1	08/25/2017	Clonazepam 0.5 Mg Tablet	180	90	Ru Van	526039	Wal (0304)	0	2.00 LME	Comm Ins	MI
10/13/2017	1	10/13/2017	Hydrocodone-Acetamin 7.5-325	125	30	Da Lat	520718	Wal (0304)	0	31.25 MME	Comm Ins	MI
08/28/2017	1	08/25/2017	Carisoprodol 250 Mg Tablet	85	90	Ru Van	509407	Wal (0304)	0	0.19 LME	Comm Ins	MI
08/25/2017	1	08/25/2017	Clonazepam 0.5 Mg Tablet	180	90	Ru Van	509408	Wal (0304)	0	2.00 LME	Comm Ins	MI
08/07/2017	1	08/07/2017	Hydrocodone-Acetamin 10-325 Mg	100	16	Ru Van	505281	Wal (0304)	0	62.50 MME	Comm Ins	MI
08/01/2017	1	08/01/2017	Hydrocodone-Acetamin 10-325 Mg	40	4	Ro Dot	504090	Wal (0304)	0	100.00 MME	Comm Ins	MI

*Per CDC guidance, the MME conversion factors prescribed or provided as part of the medication-assisted treatment for opioid use disorder should not be used to benchmark against dosage thresholds meant for opioids prescribed for pain. Buprenorphine products have no agreed upon morphine equivalency, and as partial opioid agonists, are not expected to be associated with overdose risk in the same dose-dependent manner as doses for full agonist opioids. MME = morphine milligram equivalents. LME = Lorazepam milligram equivalents. mg = dose in milligrams.

Providers

Total Providers: 8

Name	Address	City	State	Zipcode	Phone
Robert M Dollerer, MD	1105 6th St	Traverse City	MI	49684	-
Russell N Van Houzen, MD	10161 E Pickwick Ct Ste E	Traverse City	MI	49684	-
John G Blizn, MD	3800 Capital Ave Sw Ste 204	Battle Creek	MI	49015	-
Daniel T Lathrop, Dpm	620 Woodmere Ave	Traverse City	MI	49688	-
Christopher A Lafond	1221 5th St Ste 306	Traverse City	MI	49684	-
Mark D Richardson, MD	3537 W Front St Ste E	Traverse City	MI	49684-7943	-

Pharmacies

Total Pharmacies: 1

Name	Address	City	State	Zipcode	Phone
Walgreen Co. (0304)	975 W South Airport Rd Dba: Walgreens #12894	Traverse City	MI	49686	(231) 946-5840

Prescriber Delegate - Unlicensed:

Please review the entirety of this report to confirm that the details of the report are of the requested patient. This information shall only be used for the purpose of providing medical or pharmaceutical treatment to a bona fide current patient. This information shall not be provided to any other person or entity except by order of a court of competent jurisdiction.

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BPL-MAPS@Michigan.gov

Lansing, MI

844-364-4767 (tel:8443644767)

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EXHIBIT C

Patient Instructions - Hospital

Munson Medical Center

1105 Sixth Street
Traverse City, Michigan 49684
231-935-5000

Name: INMAN, LARRY CHARLES**Date of Birth:** 04/10/1954**Admission Date :** 01/22/2018**Primary Care Doctor :** VanHouzen MD,
Russell N**Primary Care Doctor Phone:**

(231) 935-0888

Most Recent Blood Pressure: 144/80**Height:** 6' 0"**Weight:** 207.5 lbs**BMI:** 28.2**Follow Up after Discharge from the Hospital:**

If a date and time is not listed for a specific follow up appointment below, please contact the provider to schedule that appointment.

With:	When:	Address/Phone:	Comments:
Christopher LaFond, MD	Within 1 to 2 weeks	MHC Traverse General Surgery & Trauma Care 1221 Sixth St Suite 306 231-935-2400 Traverse City, MI 49684 (231) 935-2400	Patient to schedule appointment

Instructions to Follow at Home:

Instructions to Follow at Home		
Topic	Instructions	Details
Activity after discharge	Walking is encouraged You may climb stairs	
Call your doctor	Nausea/vomiting Temperature greater than 101.5F (38.5 C)	

Name: INMAN, LARRY CHARLES
1 of 7

DOB: 04/10/1954

Jan/25/2018 11:17:30

HOPE-000247

	Out of control pain Signs of infection	
Diet after discharge	Resume home diet	Drink plenty of fluids. Chew all foods well. Light meals of soft foods recommended to start, then as tolerated.
Home activity lifting/wt bearing restrictions	No heavy lifting/straining	over 20 lbs for 6 weeks then resume activities as tolerated.
Home bowel management	May use over-counter bowel medications	if needed for constipation
Home instructions (specify)	contact numbers	Should you have any questions or concerns, you may call Traverse General Surgery nurses' station at 231-935-2417. After 5:00 pm, call Munson Medical Center at 231-935-5000 and ask for your doctor. There is always a doctor on call for our practice.
Home pain management	May use over-the-counter Acetaminophen May use over-the-counter NSAID's Use narcotic prescriptions as ordered	If no medical condition limiting use of these over-the-counter medications. May use up to 4000 mg of acetaminophen (Tylenol) in 24 hrs.
Incision (post-surgical) care	Incision care	wash daily with soap and water. Skin glue may have been used on your incision sites. If drainage occurs, cover the incision(s) with a light dressing. May shower as desired. Call if concerns.
Restrictions - driving	No driving while on pain medication You may resume driving	in 5-7 days when off pain pills and comfortable

You were given the following Patient Education Materials during your visit.
 Electronic copies of these Patient Instructions and your Patient Education materials are available in *MyHealthInfo*, the Munson Healthcare Patient Portal.
 For more information please visit: <http://munsonhealthcare.org/myhealthinfo>

Hernia Repair Surgery; Anatomy of the Digestive System

Go to the next page for your complete medication list

Name: INMAN, LARRY CHARLES
3 of 7

DOB: 04/10/1954

Jan/25/2018 11:17:30

HOPE-000249

Medication Safety Tips:

- Share this medication list with your primary care provider at your next visit, and always carry an updated medication/allergy list with you in the event of emergency situations.
- Many over the counter medications contain acetaminophen-make sure you do not take more than 4000 mg per day of acetaminophen. Some patients such as those with severe liver disease should not take any acetaminophen-containing products; check with your doctor, nurse or pharmacist if you have questions.

Medication Instructions:

- If any medications were stopped during this hospitalization they will be listed directly above the medication instructions.
- Take only the medications you see listed below. Please note: The amount of medication or the number of times per day may have changed.
- Do not take any other medicines (including over-the-counter medicine) unless instructed to do so by your primary care provider in the future.

Medication	How Do I take this medicine?	Notes to Patient	When did I get this medication last?
cephalexin (Keflex 500 mg oral capsule)	500 mg = 1 cap, by mouth, 2 times a day, for 2 day(s)		03/17 1/25
docusate (Colace 100 mg oral capsule)	100 mg = 1 cap, by mouth, 2 times a day as needed for constipation, for 21 day(s) with plenty of water		08/17 1/25
ibuprofen (ibuprofen 600 mg oral tablet)	600 mg = 1 tab(s), by mouth, every 6 hours with food or milk		18 11/24 1/25
senna (senna 17.2 mg oral tablet)	17.2 mg = 1 tab(s), by mouth, 2 times a day as needed for constipation		/
acetaminophen-HYDROcodone (Norco 10 mg- 325 mg oral tablet)	1-2 Tab, by mouth, every 4 hours as needed for Moderate Pain		11/20 1/25
	See Instructions Thera eye 1 gtt s ou prn qid		

albuterol (Ventolin HFA 90 mcg/inh inhalation aerosol)	2 puff(s), inhaled, every 4 hours as needed for for wheezing		/
ascorbic acid (Vitamin C 500 mg oral tablet)	500 mg = 1 tab(s), by mouth, every morning		/
aspirin (aspirin 325 mg oral tablet)	325 mg = 1 tab(s), by mouth, every morning		0847 1/25
atorvastatin (atorvastatin 40 mg oral tablet)	40 mg = 1 tab(s), by mouth, every morning		0847 1/25
bifidobacterium-lactobacillus (Probiotic Formula)	1 cap, by mouth, every morning		/
budesonide-formoterol (Symbicort 160 mcg-4.5 mcg/inh inhalation aerosol)	2 puff(s), inhaled, as needed - unscheduled		/
carisoprodol (Soma 250 mg oral tablet)	250 mg = 1 tab(s), by mouth, every day at bedtime		2158 1/24
cholecalciferol (Vitamin D3 2000 intl units oral tablet)	2,000 IU = 1 tab(s), by mouth, every morning		/
clonazePAM (clonazePAM 0.5 mg oral tablet)	1 mg = 2 tab(s), by mouth, every day at bedtime		2158 1/24
dapagliflozin (Farxiga 10 mg oral tablet)	10 mg = 1 tab(s), by mouth, every morning		/
diphenhydRAME (diphenhydRAME 25 mg oral capsule)	25 mg = 1 cap, by mouth, every day at bedtime as needed for for insomnia		/
enalapril (enalapril 20 mg oral tablet)	40 mg = 2 tab(s), by mouth, every morning		0847 1/25
fexofenadine-pseudoephedrine	1 tab(s), by mouth, 2 times a day		/

Name: INMAN, LARRY CHARLES
5 of 7

DOB: 04/10/1954

Jan/25/2018 11:17:30

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(Allegra- D 12 Hour)			
glimepiride (Amaryl 4 mg oral tablet)	4 mg = 1 tab(s), by mouth, 2 times a day		0847 1/25
hydroCHLORothiazi de (hydroCHLORothiaz ide 12.5 mg oral capsule)	12.5 mg = 1 cap, by mouth, every morning		0847 1/25
latanoprost ophthalmic (latanoprost 0.005% ophthalmic solution)	1 Drops, both eyes, every morning		0847 1/25
metFORMIN (metFORMIN 500 mg oral tablet, extended release)	500 mg = 1 tab(s), by mouth, 2 times a day		0847 1/25
methocarbamol (methocarbamol 750 mg oral tablet)	750 mg = 1 tab(s), by mouth, 4 times a day as needed for Muscle Spasms		/
multiple vitamin (SAM) (Thera)	1 tab(s), by mouth, every morning		/
multivitamin with minerals (Centrum Silver oral tablet)	1 tab(s), by mouth, every morning		/
naloxegol (Movantik 25 mg oral tablet)	25 mg = 1 tab(s), by mouth, every morning as needed for as needed Only takes when he takes norco		/
omega- 3 polyunsaturated fatty acids (Fish Oil 1000 mg oral capsule)	1,000 mg = 1 cap, by mouth, every morning		/
oxymetazoline nasal (Afrin 0.05% nasal spray)	2 spray(s), nasal, every morning		/
pantoprazole (pantoprazole 40 mg oral delayed release	40 mg = 1 tab(s), by mouth, 2 times a day		0847 1/25

Name: INMAN, LARRY CHARLES
6 of 7

DOB: 04/10/1954

Jan/25/2018 11:17:30

HOPE-000252

tablet)			
predniSONE (predniSONE 10 mg oral tablet)	20 mg = 2 tab(s), by mouth, every day as needed for swelling, for 7 day(s)		/
SITagliptin (Januvia 100 mg oral tablet)	100 mg = 1 tab(s), by mouth, every morning		Q47 1125
tadalafil (Cialis 5 mg oral tablet)	5 mg = 1 tab(s), by mouth, every day as needed for erectile dysfunction		/
testosterone (AndroGel Pump 20.25 mg/actuation (1.62%) transdermal gel)	2 pump, transDermal, every morning		/
verapamil (verapamil 240 mg/12 hours oral tablet, extended release)	240 mg = 1 tab(s), by mouth, every morning		/
verapamil (verapamil 180 mg/12 hours oral tablet, extended release)	180 mg = 1 tab(s), by mouth, every day at bedtime		Q158 1/24

The following prescriptions were printed:

acetaminophen-HYDROcodone (Norco 10 mg-325 mg oral tablet), 60 Tab
 cephalixin (Keflex 500 mg oral capsule), 4 Cap
 docusate (Colace 100 mg oral capsule), 42 Cap
 ibuprofen (ibuprofen 600 mg oral tablet), 40 Tab
 senna (senna 17.2 mg oral tablet), 36 Tab

Allergies:

Esmolol Hydrochloride; Ambien; Norvasc

tablet)			
predniSONE (predniSONE 10 mg oral tablet)	20 mg = 2 tab(s), by mouth, every day as needed for swelling, for 7 day(s)		/
SITagliptin (Januvia 100 mg oral tablet)	100 mg = 1 tab(s), by mouth, every morning		847 1125
tadalafil (Cialis 5 mg oral tablet)	5 mg = 1 tab(s), by mouth, every day as needed for erectile dysfunction		/
testosterone (AndroGel Pump 20.25 mg/actuation (1.62%) transdermal gel)	2 pump, transDermal, every morning		/
verapamil (verapamil 240 mg/12 hours oral tablet, extended release)	240 mg = 1 tab(s), by mouth, every morning		/
verapamil (verapamil 180 mg/12 hours oral tablet, extended release)	180 mg = 1 tab(s), by mouth, every day at bedtime		Q158 1/24

The following prescriptions were printed:

acetaminophen-HYDROcodone (Norco 10 mg-325 mg oral tablet), 60 Tab
 cephalixin (Keflex 500 mg oral capsule), 4 Cap
 docusate (Colace 100 mg oral capsule), 42 Cap
 ibuprofen (ibuprofen 600 mg oral tablet), 40 Tab
 senna (senna 17.2 mg oral tablet), 36 Tab

Allergies:

Esmolol Hydrochloride; Ambien; Norvasc

Walgreens

Confidential Patient Information

Prescription Profile

01/01/2017 through 06/04/2019

Report date/time: 05/04/2019 04:00 PM

Page: 18

Patient Info: LARRY C INMAN
8971 CROCKETT RD
WILLIAMSBURG, MI 49690

Patient Phone: (231)938-1418
Date of Birth: 04/10/1954
Gender: M

Store Info: 975 W SOUTH AIRPORT RD
TRAVERSE CITY, MI 49686
(231)946-5840

Prescription Number	Medication	NDC	Rph	Prescriber	Ins. Plan(s) Claim Ref#(s)	Date of Service	Quantity	Price
0571190-12894	IUPROFEN 80MG TABLETS	69238-1103-05	KJH	VANHOZEN, R.	MIBCP / ORNGPN	01/05/19	270.000	9.58
	Your insurance saved you \$80.01							
0571190-12894	IUPROFEN 80MG TABLETS	69238-1103-05	DCZ	VANHOZEN, R.	MIBCP / WRXWRE	06/03/18	270.000	8.10
	Your insurance saved you \$81.49							
3571190-12894	IUPROFEN 80MG TABLETS	69238-1103-05	KJH	VANHOZEN, R.	MIBCP / JAH3RKH	08/04/18	15.000	1.20
	Your insurance saved you \$10.79							
3571190-12894	IUPROFEN 80MG TABLETS	69238-1103-05	KJH	VANHOZEN, R.	MIBCP / JHWNQ	10/12/18	270.000	8.10
	Your insurance saved you \$81.49							
<hr/>				Total Filings: 4	Subtotal:	825.000	26.	
3572822-12894	ATORVASTATIN 40MG TABLETS	55111-0123-90	KJH	VANHOUZEN, R.	MIBCP / FLASHPBP	03/08/19	85.000	10.03
	Your insurance saved you \$619.26							
3572822-12894	ATORVASTATIN 40MG TABLETS	55111-0123-90	SMS	VANHOUZEN, R.	MIBCP / MNTLAK	06/11/18	90.000	7.20
	Your insurance saved you \$430.69							
3572822-12894	ATORVASTATIN 40MG TABLETS	55111-0123-90	KJH	VANHOUZEN, R.	MIBCP / DXRDKHL	08/04/18	5.000	1.15
	Your insurance saved you \$28.84							

HOP-E-000313

Walgreens

Confidential Patient Information

Prescription Profile

01/01/2017 through 06/04/2019

Page: 25

Report date/time: 06/04/2019 04:00 PM

Patient Info:

LARRY C INMAN

8371 CROCKETT RD

WILLIAMSBURG, MI 49690

Patient Phone:

(231)938-1418

Date of Birth:

04/10/1954

Gender:

M

Store Info: 975 W SOUTH AIRPORT RD
TRAVERSE CITY, MI 49686
(231)946-5840

Prescription

Number

Medication

NDC

RPh

Prescriber

Ins. Plan(s)

Claim Ref#(s)

Date of Service

Quantity

Price

0605494-12894	CARISOPRODOL 350MG TABLETS	00591-5513-05	KJH	VANHOUZEN, R.	NIBCP /	01/05/19	90.000	6.34
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Your insurance saved you \$44.65

00591-5513-05

KJH

VANHOUZEN, R.

Total Filings: 2	Subtotal: 180.000	13.54
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Your insurance saved you \$43.79

00406-9025-76

KJH

VANHOUZEN, R.

MIBCP /	11/01/18	10.000	15.00
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Your insurance saved you \$503.89

69097-0848-05

KJH

VANHOUZEN, R.

MIBCP /	03/03/19	90.000	15.00
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Your insurance saved you \$503.89

69097-0848-05

DCZ

VANHOUZEN, R.

MIBCP /	05/18/19	90.000	15.00
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Your insurance saved you \$511.69

69097-0848-05

KJH

VANHOUZEN, R.

MIBCP /	11/01/18	90.000	7.20
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HOPE-000316

Walgreens

Confidential Patient Information

Prescription Profile

01/01/2018 through 12/31/2018

Page: 8

Report date/time: 06/04/2019 04:08 PM

Patient Info:

LARRY C INMAN
8971 CROCKETT RD
WILLIAMSBURG, MI 49690
(231) 946-5840

Patient Phone:

(231) 938-1418

Date of Birth:

04/10/1954

Gender:

M

Prescription

Number	Medication	NDC	RPh	Prescriber	Ins. Plan(s) Claim Ref#(s)	Date of Service	Quantity	Price
0545657-12894	CARTISOPRODOL 250MG TABLETS	42543-0434-01	KJH	VANHOZEN, R.	MIBCP /	04/15/18	90.000	15.00

Your insurance saved you \$295.19

0548530-12894 HYDROCODONE/ACETAMINOPHEN 7.5-325 T 00591-2605-05 DCZ VANHOZEN, R.

Your insurance saved you \$142.59

Total Filings: 2 Subtotal: 180.000 30.00

MIBCP / 02/16/18 100.000 15.00

F333CFO

Total Filings: 1 Subtotal: 100.000 15.00

CASH / 02/22/18 180.000 191.93

3549722-12894 ALLEGRA-D 12HR TABLETS 30'S (OTC)

41167-4310-05

KJH VANHOZEN, R.

MIBCP / 02/23/18 30.000 2.85

F7NNWL97

)550022-12894 PROMETHAZINE 25MG TABLETS

Your insurance saved you \$16.14

10702-0003-50 KJH BIZON, J.

MIBCP / 06/25/18 30.000 2.85

23XACDL

)550022-12894 PROMETHAZINE 25MG TABLETS

Your insurance saved you \$16.14

10702-0003-50 KJH BIZON, J.

Total Filings: 2 Subtotal: 60.000 5.70

HOP-E-000328

Walgreens

Confidential Patient Information

Prescription Profile

01/01/2018 through 12/31/2018

Page: 11

Report date/time: 06/04/2019 04:08 PM

Patient Info:
LARRY C INMAN
8971 CROCKETT RD
WILLIAMSBURG, MI 49690
Patient Phone: (231) 938-1418
Date of Birth: 04/10/1954
Gender: M

Store Info: 975 W SOUTH AIRPORT RD
TRVERSE CITY, MI 49686
(231) 946-5840

Prescription

Number	Medication	NDC	RPh	Prescriber	Ins. Plan(s)	Date of Service	Quantity	Price
0556346-12894	IBUPROFEN 600MG TABLETS	65238-1102-05	DCZ	LAFOND, C.	MIBCP /	03/25/18	40.000	1.95
	Your insurance saved you \$12.74				DKCR9NN			

Total Filings: 1 Subtotal: 40.000 1.95

0557062-12894 HYDROCODONE/ACETAMINOPHEN 7.5-325 T
Your insurance saved you \$142.59

00591-2605-05

KJH VANHOUZEN, R.

MIBCP /	03/28/18	100.000	15.00
SATWIER			

Total Filings: 1 Subtotal: 100.000 15.00

3560608-12894 ALLEGRA-D 12HR TABLETS 30'S (OTC)

41167-4310-06

KJH VANHOUZEN, R.

CASH /	04/14/18	90.000	95.97

Total Filings: 2 Subtotal: 180.000 191.94

Total Filings: 1 Subtotal: 180.000 4.95

1560670-12894 CLONAZEPAM 0.5MG TABLETS

16729-0136-16

KJH VANHOUZEN, R.

MIBCP /	04/15/18	180.000	4.95
DLCKWP			

Your insurance saved you \$75.94

Hope-000331

Walgreens

Confidential Patient Information

Prescription Profile

01/01/2018 through 12/31/2018

Page: 14

Report date/time: 06/04/2019 04:08 PT

Patient Info:

LARRY C INMAN
 8971 CROCKETT RD
 WILLIAMSBURG, MI 49690
 (231) 938-1418

Patient Phone:

(231) 946-5840

Date of Birth:

04/10/1954

Gender:

M

Prescription

Number

Medication

NDC

RPH

Prescriber

Ins. Plan(s)

Claim Ref#(s)

Date of Service

Quantity

Price

0575792-12894 HYDROCODONE/ACETAMINOPHEN 7.5-325 T

00591-2605-05

KJH VANHOUZEN, R.

MIBCP / 06/23/18

100.000

777XDEA

Total Filings: 1 Subtotal: 100.000 15.00

0575794-12894 ANDROGEL 1.62% (20.25MG/1.25GM) PUMP
 Your insurance saved you \$433.7.8

00051-8462-33
 KJH VANHOUZEN, R.

MIBCP / 06/25/18 450.000 30.00
 23WWTC

Total Filings: 1 Subtotal: 450.000 30.00

5776052-12894 PARKIGA 10MG TABLETS
 Your insurance saved you \$1662.0

00310-6210-30
 DCZ VANHOUZEN, R.

MIBCP / 06/26/18 90.000 15.00
 WTELOP

Total Filings: 1 Subtotal: 90.000 15.00

5779728-12894 CLONAZEPAM 1MG TABLETS
 Your insurance saved you \$42.29

16729-0137-16
 KJH VANHOUZEN, R.

MIBCP / 07/12/18 90.000 2.70
 37NWEM7

HOP-E-000333

PsychoSocial Assessment

afterwards explained this behavior as attributed to the fast-pace life he leads and the need to only remember important aspects of his day. Larry seemed to have little insight into possible risks related to alcohol consumption in combination with his daily regimen of psychotropic medications. He admits to drinking two beers the night prior to this evaluation. In preparation for this evaluation, Larry completed a urine drug screen and the sample was sent to Clinical Connect Laboratory for confirmation. The instant screen and the lab results confirmed the presence of alcohol metabolites.

Larry completed a Michigan Alcohol Screening Test (MAST) on 6/13/2019 and score was zero, indicating no likelihood that he would be an alcoholic. Additionally, the Diagnostic and Statistical Manual of Mental Disorders lists 11 criteria for a diagnosis of Alcohol Use Disorder, and Larry meets 2 criteria for Alcohol Use Disorder with a specifier of Mild. Criteria identified were: The individual may continue with substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance, and Recurrent substance use in situations in which it may be physically hazardous.

Larry denies any other history of substance abuse and states, "I have never been into drugs or used them."

Prescription Drug Use:

Larry has been prescribed Norco for the last 18 months to 2 years. His dosage allows for up to 4 tablets a day but he reports both taking less than what was prescribed, for the purpose of storing, as well as taking more than what is prescribed without provider knowledge, 12 – 14 per day. Larry does acknowledge "I was taking 6 Norco prescribed by my doctor, and maybe 6 more from what I had stored. Furthermore, he reports unsuccessful efforts to cut down or control use on his own. After admission to his doctor, that he was taking more Norco than prescribed, he reported that his prescription was changed and Fentanyl was added in conjunction with a reduced Norco dose. Larry reports that the addition of Fentanyl was made approximately 4 months ago. The instant screen and the lab results confirmed the presence of hydrocodone along with hydromorphone, which can be a derivative of hydrocodone (Opiate).

Larry is prescribed Klonopin 0.5 mg that he takes up to 2 tablets at bedtime as needed and acknowledges to having been taking this prescription longer than he originally planned. He stated "I was at times forgetting what I was saying, doing, and I was repeatedly falling." The instant screen and the lab results confirmed the presence of Aminoclonazepam (Klonopin) and Carisoprodol which is the Soma compound that Larry is prescribed. Urine drug screen results were positive for the following unexpected substances: Nordiazepam as well as Temazepam and Oxazepam, which are metabolites of benzodiazepine and therefore indicating the presence of other drugs besides the prescribed Klonopin. Larry failed to disclose any use of additional benzodiazepine class drug during the evaluation or through the list of prescribed medications.

Larry completed a Drug Abuse Screening Test (DAST) on 6/13/2019 and the score was five, indicating "Moderate level of substance use – further investigation for possible problems

PsychoSocial Assessment

related to drug use indicated." Additionally, the Diagnostic and Statistical Manual of Mental Disorders lists 11 criteria for a diagnosis of Opioid Use Disorder as well as Sedative Use Disorder, and Larry meets 8 of the 11 criteria for each disorder with a specifier of Severe. Criteria identified were: The individual may take the substance in large amounts over a longer period than what was originally intended, Craving, or a strong desire or urge to use the substance, Recurrent substance use resulting in a failure to fulfill major role obligations at work/school/home, Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance, Important social/occupational/recreational activities are given up or reduced because of substance use, Recurrent substance use in situations in which it is physically hazardous, Tolerance – as defined by a need for markedly increased amounts of the substance to achieve desired effect, and lastly Withdrawal – as manifested by substance being taken to relieve or avoid withdrawal symptoms.

This evaluator warned Larry regarding the combination use of Norco, Fentanyl, Klonopin, Soma, for potential overdose risks especially in conjunction with alcohol.

Mental Health History:

Larry denies ever engaging in counseling services, prior history of mental health concerns, and ever being diagnosed with a mental health disorder. Later, he does admit to being prescribed Escitalopram 10 mg, 1 tablet every evening, by Dr. Van Houzen, to address anxiety related to legal involvement and pain. Larry was asked to explain the reason for being prescribed Klonopin 0.5 mg 1 to 2 tablets at bedtime as needed, he identified that it was to address anxiety related symptoms.

When further explaining his mental health concerns, Larry's remarks are experienced as vacillating between anxiety and depressive statements. He acknowledges some suicidal "I would never shove a gun in my face, I would just lay in bed, refuse to eat, and die in 30 days," while conversely also stating, "today I feel anxious but not hopeless, I feel good." Larry did commit to keeping self-safe today and identified resources he can rely on if feeling unsafe. These findings are consistent with Generalized Anxiety Disorder Screener (GAD-7) score results of five – indicating probable anxiety disorder. Also, the depression screen Patient Health Questionnaire (PHQ-9) results were eleven – indicating moderate depression.

Medical History:

Larry does identify that he has had five different surgeries within the past few years to address his appendix, tear in lower bowel, right ankle, hernia, and repair to lower bowel. Furthermore, he reports a history of chronic back pain and reports that Dr. Van Houzen prescribed narcotics for pain management. He did present this evaluator a print-out of all his currently taken prescribed medications. Norco up to 4 tablets, Klonopin 0.5 mg 1 to 2 tablets at bedtime as needed, Soma compound 1 tablet at bedtime (sedative), Fentanyl patches 25mcg changed

EXHIBIT F

**Birch Tree Podiatry Group, P.C.
820 C Woodmere Ave
Traverse City, MI 49686**

To Whom It May Concern June 3, 2019

This letter is about my former patient Mr. Larry Inman. I have been seeing Larry as a podiatrist and foot and ankle specialist sent 6/13/14.

Larry has had severe foot and ankle problems for most of his life. He was born with a cavus foot formation which has made him fall subject to frequent ankle injuries and foot pain.

I treated Larry conservatively for many years using cortisone injections, prednisone pills and a minimal amount of pain pills such as Norco.

Several years ago his problem became so bad that I referred him to her reconstructive foot and ankle surgeon who attempted to correct his ankle and foot deformity. This surgery was only partially successful and Larry continued to have severe foot and ankle problems.

On 3/17/17 I advised Larry not to do any door-to-door campaign walking. He has been subject to chronic pain, swelling that has not responded well to both surgical and considerable nonsurgical care.

On 5/11/18 I concluded that he is basically a chronic pain patient and that I have done all I can to treat him conservatively. I subsequently referred him to his family Dr. Dr. Russell Van Houston, M.D. I discussed the case with Dr. Van Houston and he said he would take over Larry's care and terms of pain control.

I would expect that Larry would have considerable pain in that foot for the rest of his life. His pain would be characterized by pain and limping on long-standing but also staggering gait and pain on rising. For instance walking in the morning or after a period of inactivity, such as a long car ride. He is walking at that time would be painful and unsta

I will be retired and less than a month and I have not advised Larry since 5/11/18.

I am a board-certified foot and ankle surgeon by the American Board of foot and ankle surgery. I'm a licensed podiatric physician and surgeon in the state of Michigan my licensed #0642.

I have been on the medical surgical staff at Munson, Medical Center for many years and I am a fellow of the American College of foot and ankle surgeons.

Sincerely

Dr. Daniel T Lathrop, DPM



Dr. Randy G. Hartman, D.P.M.
#AH2876007

Dr. Daniel T. Lathrop, D.P.M.
#AL5522986

Traverse City
231-946-8822

BIRCH TREE PODIATRY GROUP, P.C.
FOOT AND ANKLE

Manistee
231-723-4500

NAME

ADDRESS

DATE

R

REFILL: 0 1 2 3 4 PRN

D.P.M.

Dr. Randy G. Hartman, D.P.M.
#AH2876007

Dr. Daniel T. Lathrop, D.P.M.
#AL5522986

Traverse City
231-946-8822

BIRCH TREE PODIATRY GROUP, P.C.
FOOT AND ANKLE

Manistee
231-723-4500

NAME Larry Johnson DATE 1/4/18

ADDRESS TAC

R

ped-malone 10/17

Prn: T 40 PRN

#125

REFILL: 0 1 2 3 4 PRN

1
D.P.M.

LATH-000003

Dr. Randy G. Hartman, D.P.M.
#AH2876007

Dr. Daniel T. Lathrop, D.P.M.
#AL5522986

Traverse City
231-946-8822

BIRCH TREE PODIATRY GROUP, P.C.
FOOT AND ANKLE

Manistee
231-723-4500

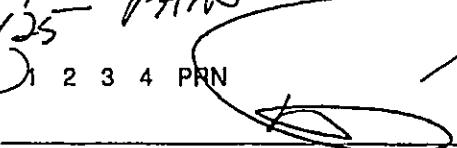
NAME Larry Inman DATE 10-9-17

ADDRESS _____

R

Morco 7.5/325
By Trans PRN Foot
#125 PAIN

REFILL: 0 1 2 3 4 PRN


D.P.M.

Dr. Randy G. Hartman, D.P.M.
#AH2876007

Dr. Daniel T. Lathrop, D.P.M.
#AL5522986

Traverse City
231-946-8822

BIRCH TREE PODIATRY GROUP, P.C.
FOOT AND ANKLE

Manistee
231-723-4500

NAME Larry Jamm DATE 5/22/17
ADDRESS FVC

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#125

REFILL: 0 1 2 3 4 PRN

Z D.P.M.

Dr. Randy G. Hartman, D.P.M.
#AH2876007

Dr. Daniel T. Lathrop, D.P.M.
#AL5522986

Traverse City
231-946-8822

BIRCH TREE PODIATRY GROUP, P.C.
FOOT AND ANKLE

Manistee
231-723-4500

NAME Larry Johnson DATE 3/17/17

ADDRESS 711

R Noxo 7.5/325
sy: T-11 7 4-64 PRN
#125

REFILL: 1 2 3 4 PRN

10 D.P.M.

LATH-000009

Dr. Randy G. Hartman, D.P.M.
#AH2876007

Dr. Daniel T. Lathrop, D.P.M.
#AL5522986

Traverse City
231-946-8822

BIRCH TREE PODIATRY GROUP, P.C.
FOOT AND ANKLE

Manistee
231-723-4500

NAME Long John man DATE 11/2/16
ADDRESS FVC

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2y: T-II 9-4-H P16.5
11/25

REFILL: 0 1 2 3 4 PRN

D.T. D.P.M.

Dr. Randy G. Hartman, D.P.M.
#AH2876007

Dr. Daniel T. Lathrop, D.P.M.
#AL5522986

Traverse City
231-946-8822

BIRCH TREE PODIATRY GROUP, P.C.
FOOT AND ANKLE

Manistee
231-723-4500

NAME Larry Johnson DATE 4/18/16
ADDRESS Traverse City Mi

R Norco 14325

Sy: 1-7-11 Q3-4H PRN PAIN
120

REFILL: 1 2 3 4 PRN

6 D.P.M.

LATH-000017

Dr. Randy G. Hartman, D.P.M.
#AH2876007

Dr. Daniel T. Lathrop, D.P.M.
#AL5522986

Traverse City
231-946-8822

BIRCH TREE PODIATRY GROUP, P.C.
FOOT AND ANKLE

Manistee
231-723-4500

NAME

ADDRESS

DATE

R

Larry Brown
TTC

1/25/16

Noce 10/325
Sj Tait 9 4-6-4 PRN
#120

REFILL:

1 2 3 4 PRN

D.P.M.

Dr. Randy G. Hartman, D.P.M.
#AH2876007

Dr. Daniel T. Lathrop, D.P.M.
#AL5522986

Traverse City
231-946-8822

BIRCH TREE PODIATRY GROUP, P.C.
FOOT AND ANKLE

Manistee
231-723-4500

NAME Larry Johnson DATE 12/13/15
ADDRESS FVC

R Doses 1/325

Sy. I - II 9-4-6-H PRN
#120

REFILL: 1 2 3 4 PRN

D.P.M.

Dr. Randy G. Hartman, D.P.M.
#AH2876007

Dr. Daniel T. Lathrop, D.P.M.
#AL5522986

Traverse City
231-946-8822

BIRCH TREE PODIATRY GROUP, P.C.
FOOT AND ANKLE

Manistee
231-723-4500

NAME Long Jiaojun DATE 11/2/15
ADDRESS Traverse City Mi.

R 20200 10/325

#120 3:7 0-77-9-4-6-11 PRN

REFILL 0 1 2 3 4 PRN

2 D.P.M.

LATH-000023

Dr. Randy G. Hartman, D.P.M.
#AH2876007

Dr. Daniel T. Lathrop, D.P.M.
#AL5522986

Traverse City
231-946-8822

BIRCH TREE PODIATRY GROUP, P.C.
FOOT AND ANKLE

Manistee
231-723-4500

NAME Jany Johnson DATE 7/30/15
ADDRESS Traverse City MI 49686

Rx

Narco 10/325

Sy: T ~ 11 94-604 PRN

#120

REFILL: 0 1 2 3 4 PRN

D.P.M.

Dr. Randy G. Hartman, D.P.M.
#AH2876007

Dr. Daniel T. Lathrop, D.P.M.
#AL5522986

Traverse City
231-946-8822

BIRCH TREE PODIATRY GROUP, P.C.
FOOT AND ANKLE

Manistee
231-723-4500

NAME Jam Hartman DATE 5/9/15
ADDRESS 1120

R Noxco 10/325

#120 7:10 AM 9-4-6-4 PRN

REFILL: 1 2 3 4 PRN

5 D.P.M.

Dr. Randy G. Hartman, D.P.M.
#AH2876007

Dr. Daniel T. Lathrop, D.P.M.
#AL5522986

Traverse City
231-946-8822

BIRCH TREE PODIATRY GROUP, P.C.
FOOT AND ANKLE

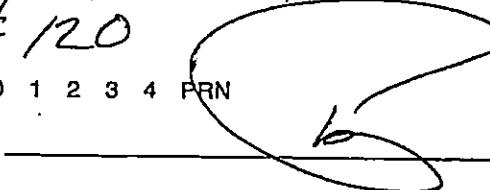
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NAME Larry Gruman DATE 3/16/15
ADDRESS Traverse City

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D.P.M.

Dr. Randy G. Hartman, D.P.M.
#AH2876007

Dr. Daniel T. Lathrop, D.P.M.
#AL5522986

Traverse City
231-946-8822

BIRCH TREE PODIATRY GROUP, P.C.
FOOT AND ANKLE

Manistee
231-723-4500

NAME Jay J. Mar DATE 1/12/15
ADDRESS TVC

R Noico 19325

Sy: Tnit 946-1880

#180

REFILL: 0 1 2 3 4 PRN

 D.P.M.

02/12/2018 14:14 2319350890

R VANHOUZEN

EXHIBIT G PAGE 02/02

Russell N. Van Houzen, M.D., F.A.C.P.

Patient Name INMAN, LARRY C. 04-10-54

Page 59

PROGRESS NOTES

Date / Problems

(e. and Description)

FINDINGS (Subjective and Objective)

PLANS

11-19-2018 continued...

PHYSICAL EXAMINATION: He is mildly overweight. Voice is minimally hoarse at this point today. Lungs clear. No murmur. Heart rate 80 and regular.

IMPRESSION: 1) Hypertension, controlled.

2) Hyperlipidemia, controlled.

3) Diabetes, improved control but still slightly suboptimal.

4) Hypotestosterone with good replacement.

5) Hoarseness.

6) Ventral hernia to repaired Monday, 1/22/2018.

1-24-18 Clonazepam 0.5 mg 2 q/h
#180 Rx#1 (TX-Walgreens) 100

FEB 02 2018 199

This is a followup visit after being hospitalized January 22 to January 25, 2018. He had an incisional hernia repair which required a huge 15 cm mesh and apparently he could not close the upper segment completely so he has seven poke hole incisions from laparoscopic surgery. He is expected to have another 6-8 weeks of recovery time which is disappointing for him. He saw Dr. LaFond apparently today in his office. He has been taking Norco 10/325 prescribed by Dr. LaFond. They gave him 60 pills he thinks for two weeks. He is down to his last week of therapy. He was on 7.5 once a day from Dr. Lathrop and he got 100 pills every 90 days from him. I advised him I could write him a Rx for 7.5 hoping that he could wean down from the 10, 7.5 and eventually get back to one, 7.5 a day for his ankle. He does have Colace. He is using that for stool softener because of the pain medicine. He is otherwise doing pretty well on his other meds.

PHYSICAL EXAMINATION: He is afibrile. BP 120/80, heart rate 76 and regular. Lungs clear. No murmur. Abdomen - seven laparoscopic punctures that are all healing well. The higher left upper quadrant hole is oozing a very small amount of material.

Continue current meds.

I provided him with Norco 7.5/325 one q. 4 hours prn pain, #100, no refill.

I would prefer not to write another one of those if possible.

Hopefully that will cover his weaning process and get back down to once a day and back to his Rx from Dr. Lathrop.

He is scheduled to return to see me in mid May with lab work. That will be his next appt unless he has issues that require attention sooner.

SELECT TEXT MESSAGES FROM FORENSIC REPORT RE: PAIN COMPLAINTS AND NORCO

8859 1	Sent	To +12316200236 Dan Lathrop * Direction: Outgoing	3/22/2018 19:48(UTC+0)			Sent	Dr Dan , how are you. Are you around next week, I need my quarterly renewal of Perdisone 10mg #125, and Norco 7.5/325 mg #125, your brother Lamy Source Extraction: Logical (2), Logical (1)	Intact	
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8836 2	Sent	To +12316200236 Dan Lathrop * Direction: Outgoing	3/25/2018 22:08(UTC+0)			Sent	Hi Dr Dan , yes I know , I passed the law, :) that is why I took me down from 10/325 Norco to 7.5/ 325 Norco, # 125, for 90 days. We are doing quarterly scripts . I take 1 to 2 day, 1 in the morning and 1 at night for my right foot. Extended walking or using my right foot on the gas pedal back and forth from Traverse City to Lansing , my right foot has had it. You have to also have to run me on Mapps. We passed a law , so you would know if people are doctor shopping. You will see Norco from Munson Hospital for my surgeries and 2 scripts from Dr Russ VanHouzen after my last 2 surgeries. Surgery was two Norco 10/325 every 4 hours. I took those Norcos before I came to you. My last appointment, Dr.Russ VanHouzen was Ok with dropping Norco from 10/325 to 7.5/325. Send him another letter on my continued treatment of my right foot to cover your self, :) Lamy Source Extraction: Logical (2), Logical (1)	Intact	
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13194 3	SMS Messages	Outgoing		7/25/2018 23:47(UTC+0)	To: +12316313053 Ackerman Ashleigh	I am so miserable in my lower back pain and down the back of legs , I have doubled up on pain meds and it's not helping , and I am In a battle with BCBS to approve a MRI, but I will hit doors to the end and suffer, L Source Extraction: Logical (2), Logical (1)	Intact	
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8808 4	Sent	To +12316200236 Dan Lathrop * Direction: Outgoing	3/26/2018 21:41(UTC+0)			Sent	I assume you can only treat my pain for so long and then refer me to my primary Doctor . It was good that the two of you talked about it. Russ understands about my right foot pain level. Thanks for all your help so far , :) Lamy Source Extraction: Logical (1), Logical (2)	Intact	
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3468	Inbox	From +12316313053 Ackerman Ashleigh * Direction: Incoming	6/9/2018 00:49(UTC+0)		+197037697 89	Read	Does van houzen specialize in Chiropractic? Can you see all doctors. You need to see a specialist Source Extraction: Logical (1), Logical (2)	Intact
3469	Inbox	From +12316313053 Ackerman Ashleigh * Direction: Incoming	6/9/2018 00:49(UTC+0)			Read	This job is killing you Source Extraction: Logical (1), Logical (2)	Intact
3470	Sent	To +12316313053 Ackerman Ashleigh * Direction: Outgoing	6/9/2018 00:49(UTC+0)			Sent	It effects my ability to do extensive walking , or physical activity. Or surgery with a very long recovery , and its getting worse, lately , that is why I am seeing Dr Russ Van Houzen quaterly. Hospital tests , and a weekly Chiropractic treatment to keep me on my feet, shit! Source Extraction: Logical (1), Logical (2)	Intact

3464	Sent	To +12316313053 Ackerman Ashleigh * Direction: Outgoing	6/9/2018 00:55(UTC+0)			Sent	My neck is out of alignment that effects my back , my L4 L5 is totally twisted putting extreme pressure on my S nerve. That is causing increasing pain and I wake up at 3am with extreme lower back pain and extreme pain down my back side of both legs, we are trying Chiropractor, before I have to go to UM for evaluation, short term could be its shots on my spine to slow my pain next my spinal cord , or I have to have spinal surgery, fuck! Source Extraction: Logical (1), Logical (2)	Intact
3465	Sent	To +12316313053 Ackerman Ashleigh * Direction: Outgoing	6/9/2018 01:15(UTC+0)			Sent	I am letting you , because of the recent need to do extensive doors that I had not expected before the primary I can do some doors , but it will cause more pain. My right foot is not doing all that well either on extensive walking , I killed my right foot after surgery doing extensive doors to win my first election in a boot cast. I am able to walk , but I told them I am not re doing that surgery. Its swells pretty good on extensive walking , I have to live with it. The drive back and forth to Lansing is killing me , with using my right foot and now my back, but what the Fuck ! 007 Source Extraction: Logical (2), Logical (1)	Intact

3466	Sent	To +12316313053 Ackerman Ashleigh * Direction: Outgoing	6/9/2018 01:21(UTC+0)			Sent	I am letting you , because of the recent need to do extensive doors that I had not expected before the primary I can do some doors , but it will cause more pain. My right foot is not doing all that well either on extensive walking , I killed my right foot after surgery doing extensive doors to win my first election in a boot cast. I am able to walk , but I told them I am not re doing that surgery. Its swells pretty good on extensive walking , I have to live with it. The drive back and forth to Lansing is killing me , with using my right foot and now my back, but what the Fuck ! 007 Source Extraction: Logical (2), Logical (1)	Intact
3467	Sent	To +12316313053 Ackerman Ashleigh * Direction: Outgoing	6/9/2018 01:21(UTC+0)			Sent	My L4 and L5 are both comprised and is twisted, causing extreme pain against my spinal nerves , that is my problem, it causes my muscles along my spinal cord to also be inflamed causing more pain, I am eating pain pills like a bag of MM , but everything else seems to be Ok . 007 Source Extraction: Logical (2), Logical (1)	Intact

3468	Sent	To +12316313053 Ackerman Ashleigh * Direction: Outgoing	6/9/2018 01:21(UTC+0)			Sent	My L4 and L5 are both comprised and is twisted, causing extreme pain against my spinal nerves , that is my problem, it causes my muscles along my spinal cord to also be inflamed causing more pain, I am eating pain pills like a bag of MM , but everything else seems to be Ok . 007 Source Extraction: Logical (2), Logical (1)	Intact
3469	Sent	To +12316313053 Ackerman Ashleigh * Direction: Outgoing	6/9/2018 01:21(UTC+0)			Sent	My L4 and L5 are both comprised and is twisted, causing extreme pain against my spinal nerves , that is my problem, it causes my muscles along my spinal cord to also be inflamed causing more pain, I am eating pain pills like a bag of MM , but everything else seems to be Ok . 007 Source Extraction: Logical (2), Logical (1)	Intact

3443	Sent	To +12318313053 Ackerman Ashleigh *	6/9/2018 00:47(UTC+0)			Sent	My entire spinal cord is damaged . pain pills are not cutting it any more , home to bed . 007 Source Extraction: Logical (1), Logical (2)	Intact
11		Direction: Outgoing						

2201	Sent	To +12318313053 Ackerman Ashleigh *	6/30/2018 00:47(UTC+0)			Sent	On the QT , the nerve back pain that goes down both legs is not getting better, but Chiro appt it does help . He gave me his personal cell number . 007 Source Extraction: Logical (1), Logical (2)	Intact
12		Direction: Outgoing						

337	Sent	To +12318313053 Ackerman Ashleigh *	7/25/2018 23:47(UTC+0)			Sent	I am so miserable in my lower back pain and down the back of legs , I have doubled up on pain meds and it's not helping , and I am in a battle with BCBS to approve a MRI, but I will hit doors to the end and suffer . Source Extraction: Logical (2), Logical (1)	Intact
13		Direction: Outgoing						

403	Sent	To +15176148840 Kraft/BCBS Kristen *	7/26/2018 13:31(UTC+0)			Sent	Hi Kris , I just sent you a copy of my info sent to Lindsay , see what you can do. I would not ask for the MRI unless I needed it, my pain level is a 8 out of 10, thanks . Larry Source Extraction: Logical (2), Logical (1)	Intact
14		Direction: Outgoing						

947	Sent	To +12318313053 Ackerman Ashleigh *	7/18/2018 22:51(UTC+0)			Sent	Shit, its likely I need spinal surgery at UM Hospital , it just getting worse, now going into a MRI , see Dr VanHouzen on a referral Chief of Nueru Surgey at UM, oh, then a Cadio test for 3 days with Dr Kim Eagle Chief of Cadio surgery at UM on my heart August 2, 3 rd , if I can get back on the 4th. Both my brother and sister passed at 49, and I have plaque in my left main, I am a little on edge.. just recovering from 5 surgeries at Munson, dealing with fucked up Trust, dealing with asshole Dan, I am not getting any sleep, pain pills dont work any more , and I am on 50 scripts keeping me alive , so how is your day. Source Extraction: Logical (2), Logical (1)	Intact
15		Direction: Outgoing						

2023	Sent	To +12318833842 Cell Kim Hines /P	7/4/2018 00:58(UTC+0)			Sent	Bring Pain Pills ! Alev 1000mg # 1,000, 007 Source Extraction: Logical (1), Logical (2)	Intact
16		Direction: Outgoing						

2097	Sent	To +13131075545 Ackerman Ashleigh Direction: Outgoing	TO/OUT TO +13131075545 Ackerman Ashleigh		Sent	Hi A, on the 2nd , I have appts see Dr Russ VanHouzen, Head Cardiology at UM Hospital on August 2 and 3rd. I have a pending appt with Dr Paul Park MD , head of Nuerogoly at UM. On my pain level at L4 and L5. I have to see Dr Russ Vanhouzen to get a MRI on on my spinal cord asap at Munson Hospital to send to UM Hospital . 007 Source Extraction: Logical (2), Logical (1)	Initial
2095	Sent	To 7344769248 Cell Rebecca DeVooght/ UM* Direction: Outgoing	7/2/2018 23:00(UTC+0)		Sent	Ha, hows our football team? :) Capital Outlay may be brought in the fall. I need to talk with you on the UM tailgate events coming up. Also I have an appt with Dr Kim Eagle , U M, Cardiologist on August 3rd. Cardio Exam. Well I have another issue, I have an issues on my spinal cord C4, C5, C6. And L 4 , L5, chronic pain, I am seeing a Chiropractor, its helping , but I think I need to see a specialist, the top Dr of Nuerogoly person at UM , who is the best at UM, I will have to buy you dinner in Lansing :) , miss ya , State Rep Larry Inman Source Extraction: Logical (2), Logical (1)	Intact
2099	Sent	To 7346468351 Hospital Mike Deeb/ UM* Direction: Outgoing	7/2/2018 21:24(UTC+0)		Sent	Hi Dr Deeb, I just you a message . I was referred to you by Dorance Amos and Richard Hults. I have an appt with Dr Kim Eagle at UM for a Cardio check August 3rd. This appt was made by the UM Administration assistance for me. I am having chronic pain on my lower back and back of my legs. My last X ray on 1/2018, showed my C4 C5 and C5 C6 are narrowed with Degenerative spuring, also degenerative spurring of the uncovertebral joints. I have degenerative seen on my L4 and L5 facet joints and L5 -S1 facet joints. It reports degenerative grade 1 spondylolisthesis of L4 on L5 I advised Dorance and Dick , they suggested I call you for a the best Dr name in Neurology at UM. My Primary Doctor is Dr Russ VanHouzen, MD , in Traverse City.. He gave me a referral for Dr Kim Eagle . Once I get a name , I need to see Dr Russ VanHouzen for a referral. I am also seeing a very good Chiropractor, Dr Travor Darnell in Elk Rapids. I am a State Represetative from Traverse City. My cell phone is 231 357 8470, thank you, Larry C Inman. Source Extraction: Logical (1), Logical (2)	Intact
2163	Sent	To +12318833842 Cell Kim Hines / Direction: Outgoing	7/1/2018 00:15(UTC+0)		Sent	Yeap I am just at the Hacienda , ice cold beer and Air is set at 70, miss you , love you , Bond needs pain drugs , to many any missions getting shot at and falling off tall buildings for MI 6 AKA campaigning . 007 Source Extraction: Logical (2), Logical (1)	Intact



U.S. Department of Justice

*United States Attorney
Western District of Michigan*

5th Floor, The Law Building
330 Ionia Avenue, NW
Grand Rapids, Michigan 49503

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United States Attorney's Office
Post Office Box 208
Grand Rapids, Michigan 49501-0208

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Fax (616) 456-2408

By E-mail and U.S. Mail

November 1, 2019

Christopher K. Cooke
Neumann Law Group
300 E. Front St., Ste. 445
Traverse City, MI 49684-4733

Re: *United States of America v. Larry Charles Inman, 1:19-CR-117*

Mr. Cooke:

Please be advised that if your client decides to proceed with the diminished capacity defense and Judge Jonker allows the testimony of Dr. Bruce Baker (or any other expert) in support of that defense, the Government will offer the expert testimony of Dr. Daniel Berland and/or Dr. Bryan Judge as part of its rebuttal case. The *curriculum vitae* for each expert is attached. Please advise if you have any issues regarding the qualifications of either Dr. Berland or Dr. Judge to address the issues framed by your diminished capacity defense.

Additionally, Fed. R. Crim. P. 16 does not apply to, or require the Government to provide any advance information regarding, the opinions of a rebuttal expert. This is obviously due to the fact that the opinions of the rebuttal expert depend in large part upon the testimony of your expert at the time of trial. And, I will not be able to provide more detail regarding the opinions of our rebuttal experts until I receive a sufficient disclosure of the bases and reasons for Dr. Baker's opinions and the rebuttal experts have a better opportunity to understand Dr. Baker's opinions (*see* recent court filing regarding the opinions of Dr. Baker, ECF No. 55-2 and 55-3).

However, in the spirit of cooperation, Dr. Berland, board-certified in internal medicine and addiction medicine, is expected to testify that the combination of controlled substances that your client took on a long-term basis would not cause a diminishment in his cognitive capacity such that he could not form specific intent to commit the subject offense(s). Additionally, he is expected to testify that the medical records documenting your client's medical history, as well as the evidence surrounding the subject offenses, do not support a conclusion that your client suffered from diminished capacity to the extent that precluded him from forming specific intent at the time of the relevant offense(s). Similarly, Dr. Judge, an emergency medicine physician certified in toxicology, is expected to testify about the chemical properties of these drugs alone, or in combination with each other, and how many individuals taking these combinations of drugs on a long-term basis are able to carry out normal life activities.

Mr. Chris Cooke
November 1, 2019
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Please contact me with any questions or if you wish to discuss this further. Thank you.

Very truly yours,

ANDREW BYERLY BIRGE
United States Attorney

/s/ Ronald M. Stella
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May 15, 2019

Mr. Christopher O'Connor
 Assistant United States Attorney
 5th Floor Law Building
 330 Ionia Avenue, NW
 Grand Rapids, MI 49503

Re: U.S. v. Inman
 Case No: 1:19-CR-00aa7-RJJ

Dear Mr. O'Connor,

I have entered my appearance in the above captioned matter. I notice the Court has scheduled an initial appearance, arraignment and initial pretrial conference for Thursday, May 23, 2019 at 3:30 pm. I have long standing plans to be in New Orleans on May 22nd through the 26th. I am wondering if we can agree to move this by stipulation or if I need to move the Court to reschedule this date.

Further, pursuant to Rule 16, we demand the following:

- a. the substance of any relevant oral statement made by the defendant, before or after arrest, in response to interrogation by a person the defendant knew was a government agent if the government intends to use the statement at trial.
- b. any relevant written or recorded statement by the defendant within the possession, custody or control of the government or if the attorney for the government knows-or through the exercise of due diligence, could know-that the statement exists.
- c. the portion of any written record containing the substance of any relevant oral statement made before or after arrest if the defendant made the statement in response to interrogation by a person the defendant knew was a government agent.
- d. the defendant's prior criminal record.
- e. copies of all photographs, books, papers, documents, data, recordings, tangible objects, buildings or places, copies or portions of any of these items within the government's

possession, custody or control and the item is material to preparing a defense or the government intends on using it in its case-in-chief or the item was obtained from or belongs to the defendant.

f. the inspection, copying and/or photographing the results of reports of any physical or mental examination or any scientific test or experiment that is within the possession, custody or control of the government or of which the attorney for the government knows, or through the exercise of reasonable diligence could know that the item exists and the item is material to preparing a defense or the government intends to use the item in its case-in-chief at trial.

g. a written summary of any testimony that the government intends to use at trial under Rules 702, 703 or 705 or the Federal Rules of Evidence in its case-in-chief at trial. The summary must describe the witness's opinions, the bases and reasons for those opinions, and the witness's qualifications.

h. the discovery and inspection of prospective government witness statements as provided in U.S. C. sec. 3500.

i. any statement in the possession of the government that relates to the subject matter of the witness's testimony pursuant to U.S.C. Rule 26.2.

Thank you for your attention in this regard.

Respectfully,



Christopher K. Cooke (P35034)
Neumann Law Group, PLLC